THE TENNESSEE WORKERS' COMPENSATION PROGRAM

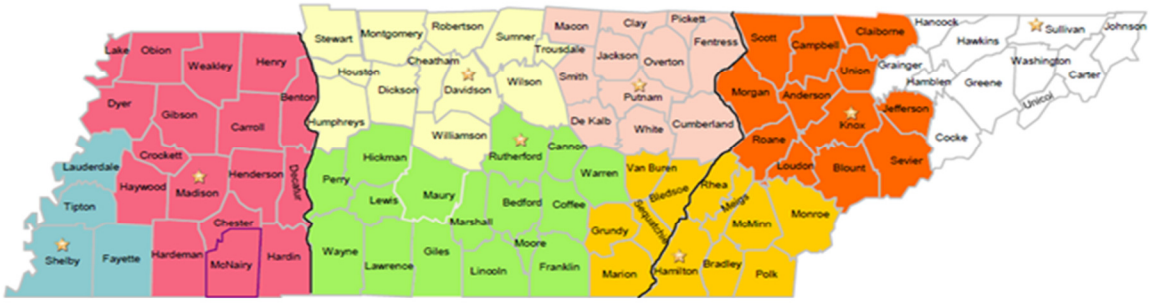
IN PLAIN ENGLISH

The Bureau of Workers' Compensation works to promote a better understanding of the benefits and requirements of the Tennessee Workers' Compensation Act by informing all parties of their rights and responsibilities. To assist in reaching this goal, the Bureau administers a proven system of programs designed to assist both employers and injured workers resolve disputes that occur after a workplace accident or injury.

This publication is designed to provide employees and employers with basic information to help in the event of a workplace injury, in accordance with the Workers' Compensation Reform Act of 2013.

Tennessee Bureau of Workers' Compensation

Area Offices



Memphis
One Commerce Square
40 South Main St, Suite 500
Memphis, TN 38103-1820
Telephone: 901-543-6077
Fax: 901-543-6039

Settlement Times
Monday: 9:00 am to 10:30 am
Tuesday: 9 am, 10 am, & 1 pm
Thursday: 9 am, 10 am & 1 pm pre-7/1/14 only

Nashville
220 French Landing Dr.
Nashville, TN 37243
Telephone: 615-741-1383
Fax: 615-253-1223

Settlement Times
Tue – Thurs: 8:00 am – 9:30 am
Friday: 8:00 am – 11 am

Cookeville
444-A Neal Street
Cookeville, TN 3850
Telephone: 931-520-4290
Fax: 931-520-4316

Settlement Times
Monday: 8:30 am to 10:30 am
Thursday: 1:00 pm to 3:30 pm

Knoxville
520 West Summit Hill, Suite 103
Knoxville, TN 37902
Telephone: 865-594-5177
Fax: 865-594-5172

Settlement Times
Monday: 8:30 am – 3:30 pm
Thursday: 8:30 am - 3:30 pm

Jackson
225 Dr. MLK Drive, 1st Fl
Jackson, TN 38301-6985
Telephone: 731-423-5646
Fax: 731-265-7022

Settlement Times
Tuesday: 8:30 – 4:30 pm
Wednesday: 8:30 - 4:30 pm
Friday: 8:30 am – 4:00 pm

Murfreesboro
845 Esther Lane
Murfreesboro, TN 37129
Telephone: 615-848-6743
Fax: 615-217-9378

Settlement Times
Monday: 8:30 am – 3:30 pm
Friday: 8:30 am - 3:30 pm

Chattanooga
1301 Riverfront Parkway, Ste 202
Chattanooga, TN 37402
Telephone: 423-634-6422
Fax: 423-634-3115

Settlement Times
M-F 8:00 am – 9:00 am
Tue & Thurs: 1:00 pm - 2:30 pm

Kingsport
1908 Bowater Drive
Kingsport, TN 37660-4136
Telephone: 423-224-2057
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Settlement Times
M-F 8:00 am – 9:4 5 am
M-F 1:00 pm - 1:4 5 pm

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AN OVERVIEW OF THE BUREAU OF WORKERS' COMPENSATION

The Tennessee Bureau of Workers' Compensation (sometimes called the "BWC" or the "Bureau") is an administrative program attached to the Tennessee Department of Labor and Workforce Development. The Bureau administers the workers' compensation system for the state, and works to help educate employers and employees about their rights and responsibilities related to workers' compensation. There are several different programs within the Bureau.

THE OMBUDSMEN PROGRAM

The mission of the Ombudsmen Program is to help employers and employees who do not have attorneys understand their rights and responsibilities under workers' compensation.

Ombudsmen are trained specialists in the area of workers' compensation. They are available to answer questions from anyone who doesn't have an attorney. Ombudsmen are neutral third parties who must treat everyone fairly and equally. They can provide information about procedures and forms related to workers' compensation, and can help those involved in a workers' compensation claim learn about services available through other agencies.

"I can't afford an attorney." *Ombudsmen help employers and employees who do not have attorneys understand their rights and obligations. They can provide a wide array of information, but they cannot give legal advice.*

This is a free service.

Ombudsmen **can:**

- Answer many questions about workers' compensation laws and rules;
- Provide copies of or recite rules used by the Bureau, the courts, or other administrative bodies involved with workers' compensation;
- Help employers or employees access worker's compensation laws or rules of procedure;
- Identify forms and informational booklets that have been approved as helpful for people without attorneys;
- Answer questions about how to complete forms;
- Define or explain terms specific to workers' compensation;
- Direct employers or employees to other resources or agencies that can help with problems frequently encountered by people involved in workers' compensation, but are outside the scope of the system itself.

Ombudsmen **cannot:**

*Help anyone represented by an attorney;

*Provide legal advice or do legal research;

*Recommend whether to file a petition for benefits or an appeal or give advice regarding what the petition or appeal should say;

*Fill out forms, under most circumstances;

*Guide employers or employees in how to handle a workers' compensation claim;

*Give advice about whether to accept a settlement offer.

THE MEDIATION PROGRAM

The mission of the Mediation Program is to help parties involved in a dispute about workers' compensation benefits resolve their dispute without incurring the time or expense of going to court.

When the parties involved in a workers' compensation claim disagree about how the claim should proceed, either side can file a Petition for Benefit Determination with the Bureau to get a mediator involved. Like ombudsmen, mediators are neutral third parties with special training in workers' compensation. Their role is to work with both sides to a disputed claim to try to bring them to an agreement.

This is also a free service.

Mediators **can:**

* Mediate all disputes between parties involved in a workers' compensation claim;

*Inform all parties of their rights and responsibilities under workers' compensation law;

*Accept from the parties all documents related to the resolution of disputed issues in a workers' compensation claim;

*Prepare settlement documents when the parties reach an agreement about their dispute;

*Issue a dispute certification notice listing all the remaining issues to be resolved by a workers' compensation judge if the parties do not reach an agreement.

Mediators **cannot**:

*Advise, counsel, or represent one side over the other in a workers' compensation claim;

*Provide legal advice;

*Order or deny workers' compensation benefits.

Mediation is required before any disputed claims can be filed with the Court of Workers' Compensation Claims. The majority of disputes submitted to mediation are resolved by agreement.

For more information on how to prepare for mediation, see page 29.

THE COURT OF WORKERS' COMPENSATION CLAIMS

The mission of the Court of Workers' Compensation Claims is to provide for the just, efficient and professional disposition of all disputed workers' compensation claims.

The Court of Workers' Compensation Claims is a special court within the Bureau that has jurisdiction to hear all types of disputes regarding workers' compensation. The Court is staffed by workers' compensation judges with expertise in this area of the law. These judges hold hearings and make final decisions about medical and disability benefits in workers' compensation cases. Their orders are binding on all parties. They also have the authority to approve or reject all workers' compensation settlements.

For more information about how to prepare for a hearing before the Court of Workers' Compensation Claims, see page 21.

OTHER SERVICES AND INFORMATION

The Bureau provides links to a variety of other services to employers and employees engaged with the workers' compensation system. For more information about these other services, contact an ombudsman, visit the Bureau's website or visit one of our area offices.

PART TWO: WORKERS' COMPENSATION SYNOPSIS

INTRODUCTION

Workers' compensation is a system of insurance that protects employees and employers from some of the losses caused by on-the-job accidents and work-related illnesses.

Workers' compensation provides three main types of benefits: 1) Payment for medical care for work-related injuries and illnesses; 2) Temporary disability benefits for employees who are unable to work, or who continue to work but at reduced pay while recovering from their injuries; and 3) Additional disability benefits for employees whose injuries have a permanent impact on their ability to work.

This system is designed to help both employees and employers.

Workers' compensation **helps employees** because:

- It is a "no-fault" system. Under workers' compensation, the question of whether an injury was caused by the negligence of the employee, the employer, or a third party is not an issue that can affect whether the employee is entitled to benefits or not;
- It can provide for lifetime medical benefits for work-related injuries;
- It can give injured employees who lose significant work time because of their injuries direct money payments to compensate for some lost wages.

Workers' compensation **helps employers** because:

- It establishes an orderly process to follow for all work-related injuries;
- It is the exclusive remedy for employees hurt at work; this means that, in exchange for the defined benefits they receive under workers' compensation, injured employees give up the right to sue their employers in regular court.

The overall goal of workers' compensation is to provide an organized and efficient process for getting injured workers back to work as soon as safely possible.

COVERED EMPLOYERS

In Tennessee, unless covered by a specific exemption, **all employers with five or more full- or part-time employees** are required to carry workers' compensation insurance on those employees. In addition, any person engaged in the construction industry is required to carry workers' compensation insurance on his or her employees, even if there are fewer than five; employers in the coal mining industry must also carry workers' compensation coverage if they have at least one employee. In all these cases, corporate officers and family members who are employees count toward the total, regardless of whether those parties choose to decline coverage on themselves.

WHERE'S THE NOTICE?

Every employer subject to Tennessee's worker's compensation law is REQUIRED to display the "Tennessee Workers' Compensation Insurance" notice. If you are an employer with questions about whether you should have coverage, or if you are an employee who believes your employer should have insurance but is uninsured, contact an ombudsman.

Some employees are **not covered by** Tennessee's workers' compensation law:

- Domestic servants;
- Farm or agricultural workers;

Federal government employees and other workers covered by special federal programs such as maritime workers and railroad workers employed in interstate commerce.

Special rules may also apply to state or local government employees.

Independent contractors are not entitled to workers' compensation benefits from those who contract with them to do work. There are several factors that determine whether a person qualifies as an independent contractor under the law:

- The right to control the conduct of work;
- The right of termination;
- The method of payment;
- The freedom to select and hire helpers;
- The furnishing of tools and equipment;
- Self-scheduling of working hours; and,
- The freedom to offer services to others.

Every employer subject to Tennessee's workers' compensation law is required to display the "Tennessee Workers' Compensation Insurance" notice, which is available online at http://www.tn.gov/assets/entities/labor/attachments/WC_Certificate.pdf. This notice should contain contact information for the employer's insurance company and the person to notify in the event of an injury.

COVERED INJURIES

Workers' compensation covers work-related injuries and illnesses that are **"primarily"** caused by work or where the need for treatment is "primarily" caused by work. This means that work activities must be more than 50 percent of the cause of the injury or need for treatment. This includes accidental injuries, mental injuries, occupational diseases and repetitive trauma injuries. Whether an injury, illness or need for treatment is primarily caused by employment is usually determined by a worker's authorized treating physician.

The general rule as to whether an injury will be covered is that it must primarily arise out of and occur during the course and scope of employment. This means that not every injury that occurs at the work place is covered. For example, injuries caused by an employee's intoxication or illegal drug use would not be covered by workers' compensation. Other exceptions and defenses also apply; see pages 30 through 31.

Employees of covered employers who suffer from a work-related injury or illness may be entitled to receive medical or disability benefits.

MEDICAL BENEFITS

Unless they agree to exchange this right for a monetary award at the time their claim is settled, employees with on-the-job injuries are entitled to receive all reasonable and necessary medical care for their injuries for the rest of their lives. There is no dollar limit on these lifetime medical benefits. The only requirement for treatment to be covered is that it is reasonable, necessary and related to the work injury. An injured worker's authorized treating physician usually determines what treatment meets this standard.

Panels

The employer is required by law to provide a **panel of physicians** upon receiving notice of a work-related injury. The panel must consist of at least three physicians in his or her local area, unless the injury requires immediate treatment through emergency care. If emergency treatment is required, the panel will be provided to the employee as soon as practicable. Once the panel has been provided, the employee then chooses his or her treating physician, also called the **"authorized treating physician"** or ATP.

The employer can select any independent, reputable physician in the employee's community to be on the panel. If there are not enough physicians in the employee's community to fill out the panel, the employer must provide a list of three physicians within a 100-mile radius of the employee's community.

If the injured employee has to travel more than 15 miles one way for treatment with an authorized provider, he or she is entitled to mileage reimbursement.

Once an authorized treating physician is selected, that physician will be in charge of the injured employee's medical care. If needed, the physician can make a referral to a specialist (such as an orthopedist) for further treatment or surgery. When that happens, the employer can either provide a panel of specialty physicians or allow treatment with the specific specialist referred to by the authorized treating physician. Once referred, the new physician becomes the authorized treating physician.

Under most circumstances, the employer is only obligated to pay for medical treatment provided or recommended by an authorized treating physician. This means that, if they want their treatment to be covered by workers' compensation, **injured workers should not seek treatment from their own primary-care doctors**, without at least giving the employer the opportunity to provide treatment with an authorized provider. The major exception to this rule is emergency treatment. True emergency care is always covered.

Reasonable and Necessary Medical Care

Only reasonable and necessary medical care related to the work injury or illness is covered. Most of the time, the authorized treating physician gets to decide what treatment is reasonable and necessary.

Employers and insurance carriers who believe that an authorized treating physician's recommended treatment is not reasonable or necessary can engage in a process called **utilization review.** Utilization review gives employers a chance to make sure that specific treatment really is needed before they have to cover it under workers' compensation. Under some circumstances, utilization review may be required by law before specific treatment can occur.

Employees who disagree with a decision made by a utilization review provider can challenge that decision through the Bureau of Workers' Compensation.

Medical Bills

Medical bills are paid directly by employers or workers' compensation insurance carriers for authorized care. Most of the time, injured employees should not receive a bill for any part of their care. There are three exceptions:

1. The injured employee may be billed for care if the injury is found not to be covered under workers' compensation.

2. The injured employee may be billed if there is unauthorized treatment with the employer's physician and the physician knew the treatment was not authorized.

3. The injured employee may be billed for treatments from providers that the employee knows are not authorized, as long as the treatment is not for an emergency.

Injured employees should never have to pay a co-pay or deductible for authorized care.

Employers should never pay out-of-pocket for an injured worker's medical bills to avoid submitting a claim to an insurance carrier. They should also never tell an injured worker to submit medical bills for a work-related injury to a health insurance plan.

DISABILITY BENEFITS

In addition to medical benefits, some injured employees may be entitled to receive disability benefits under workers' compensation.

Disability payments are **not reported to the IRS as income** to the employee; they will not be counted on the W-2 form the employee receives from the employer; and the employee will not receive a 1099 form for these payments. There may be reasons why the employee and employer needs to know exactly how much money was received. Indemnity payments are paid by the employer's insurance company or self-insurance program. They are not payments from the state.

Two key terms need to be defined to help explain disability benefits: compensation rate and maximum medical improvement.

An employee's **compensation rate,** or "comp rate," is equal to two-thirds of his or her average weekly wage during the 52 weeks before he or she was injured.

The average can include regular pay plus overtime, reported tips or other cash, and some non-cash benefits such as meals or living quarters. Comp rates are based on pre-tax, gross earnings, not net pay after payroll reductions.

Compensation rate is calculated based on wage statements. Wage statements are forms prepared by employers listing all of an injured employee's earnings from that employer during the year prior to the injury..

CALCULATING COMP RATES

Example: Will Worker is injured on July 1, 2014. He has worked for the same Acme Employer for the last six years. To help calculate Will's comp rate, Acme provides a wage statement to its insurance carrier listing Will's gross earnings from July 1, 2013 to July 1, 2014, the whole year before he was hurt. From the wage statement, the insurance carrier can see that Will's average weekly wage during this time was $500. His comp rate is therefore $333.33, or two-thirds of $500.

Comp rates are subject to maximum and minimum amounts, defined by law. These figures are listed on the Bureau's website http://www.tn.gov/workforce/topic/wc-wage-replacement.

In cases where an injured employee has worked for the employer for less than a year or has missed work during the year before the injury because of circumstances beyond the employee's control, alternate methods of calculating the comp rate may apply.

Calculating Temporary Partial Disability Benefits

Example: Will Worker hurt his back while working for Acme Employer on July 1, 2014. His doctor allowed him to return to work, but only for 30 hours per week, and Acme allows Will to return to work with that restriction. Before the injury, Will's average weekly wage was $600; since returning to work 20 hours per week, he has earned only $300 per week. The difference between Will's pre-injury wage ($600) and his post-injury wage ($300) is $300. Will is entitled to receive two-thirds of that, or $200.00, per week in temporary partial disability benefits. He will receive these payments until his doctor places him at maximum medical improvement, or he is able to return to regular-duty work earning $600 per week, whichever comes first.

Maximum medical improvement, or MMI, is the date an injured employee's physician determines that the employee's condition has improved as much as possible. Reaching MMI does not mean that an employee has recovered 100 percent from his or her injury, or that no further medical treatment will be offered. It only means that, as of the MMI date, the physician does not anticipate that the employee's ability to function will continue to improve.

Temporary Disability Benefits

Injured employees who are unable to work or who return to limited duty while they are recovering from their injuries may be entitled to temporary disability benefits. Workers' compensation provides for two types of temporary disability benefits: partial and total.

Both temporary and partial disability benefits are a type of indemnity benefits, described in greater detail in Part Five, Indemnity Benefits. For more information, see page 23.

Temporary Partial Disability Benefits

Temporary partial disability benefits are available for employees whose work-related injuries temporarily disable them from performing their job duties and cause them to earn a lesser wage. This might happen when, for example, a physician returns an employee to light-duty work or restricts the number of hours an employee can work at a regular-duty job.

An injured employee who qualifies for temporary partial disability benefits receives **two-thirds of the difference between his or her pre-injury wage and the post injury wage.** These benefits are payable until the injured employee reaches maximum medical improvement or returns to full duty.

Calculating Temporary Total Disability Benefits (TTD)

Example: Will Worker hurt his back while working on July 1, 2014. His doctor took him off work completely, saying he will be out for at least a month, until August 1, 2014. His average weekly wage for the year before the injury was $500. For the first week he is off (until July 8), Will is not entitled to receive any benefits. Beginning July 8, TTD benefits will begin, and Will should receive benefits in the amount of his compensation rate -- $333.33—for every week he misses work. Once Will has missed two full weeks, these benefits will be calculated from the first day he missed, July 1, 2014. The benefits will continue until Will reaches maximum medical improvement or until his doctor returns him to work, whichever comes first.

Temporary Total Disability Benefits

Temporary total disability benefits, or "TTD," are available for employees whose work-related injuries temporarily disable them from performing any job, according to their physicians. Temporary total disability benefits are not available for the first seven days an employee misses work. Benefits begin on the eighth day missed, and if the employee misses 14 or more days of work because of the work injury, benefits are paid back to the first date the employee's physician determined that he or she was unable to work. Temporary total disability benefits are equal to an injured employee's compensation rate.

This is just a short overview of temporary disability benefits. For specific questions about how these benefits work, contact an ombudsman.

Permanent Disability Benefits

Unfortunately, not all injured employees make a full recovery after their injuries. Employees whose doctors believe they have been left with a permanent disability because of their injuries may be entitled to receive permanent disability benefits. As with temporary disability benefits, there are two types of permanent disability benefits: partial and total.

Permanent Partial Disability Benefits

Permanent partial disability benefits are available to injured employees who retain a permanent disability because of their work injuries after reaching maximum medical improvement, but are still able to return to a job on the open market.

Initial Permanent Partial Disability Benefits

When an injured employee reaches maximum medical improvement, his or her treating physician will usually make a determination as to whether the employee has any permanent

impairment because of the work injury. If the physician believes that the employee has a permanent impairment, the physician will evaluate the employee under the *American Medical Association Guides to the Evaluation of Permanent Impairment* (often called "*the Guides*") to see if, according to *the Guides,* the employee should receive a permanent partial impairment rating. This number will be given as a percentage of impairment. If *the Guides* allow for an impairment rating for an employee's particular situation, then the employee may be entitled to permanent partial disability benefits.

Calculating Initial Permanent Partial Disability Benefits

Example: After Will Worker's July 1, 2014 back injury, his doctor has decided he reached maximum medical improvement on January 1, 2015. After evaluating him according to the Guides, *the doctor assigns an impairment rating of 8 percent. Given his comp rate of $333.33, Will's initial permanent partial disability award will be calculated as follows:*

8% x 450 weeks = 36 weeks

36 weeks x $333.33 = ***$11,999.88*** *in benefits.*

In other words, because of his 8 percent impairment rating, Will is entitled to 36 weeks of permanent partial disability benefits. With his comp rate of $333.33, he should receive $11,999.88.

Workers' compensation uses a formula to determine the amount of permanent partial disability benefits an employee may receive, based on the employee's comp rate and permanent partial impairment rating. The maximum amount an employee can receive for permanent partial disability is 450 weeks of benefits at his or her compensation rate. An employee's impairment rating helps determine what percentage of this maximum 450 weeks an employee may receive.

An injured employee's initial permanent partial disability award is equal to his or her impairment rating, multiplied by 450 weeks, multiplied by his or her compensation rate.

One important issue to understand here is that this formula is based on impairment ratings to an injured employee's **whole body.** *The Guides* allow for impairment ratings to be assigned too many different parts of the body, or to the body as a whole. For example, ratings can be assigned to individual fingers, or to a hand, or to an arm, and so forth. When *the Guides* allow for a rating to be assigned to something smaller than the whole body—like a finger, or a hand—the rating to that individual body part can be converted to a rating to the whole person. Only whole-person ratings are used in the formula to determine permanent partial disability benefits. Most of the time treating physicians will convert ratings to the whole body without being asked, but occasionally they need a reminder.

Increased Permanent Partial Disability Benefits

The formula above applies to initial awards of permanent partial disability benefits. Under some circumstances, injured employees may be entitled to additional permanent partial disability benefits. Usually, an employee has to wait the number of weeks represented by the

initial permanent partial disability award after maximum medical improvement to see if he or she will qualify for additional benefits. To qualify, the employee must be able to show that he or she either has not returned to work at all, or has returned to work (with any employer) but is receiving wages or a salary less than he or she received from the pre-injury employer on the date of injury.

If the employee has not returned to work or is earning less, his or her award is increased by multiplying it by 1.35. In addition, the award can be further increased by the product of the following factors:

*1.45 If the employee lacks a high school diploma or a general equivalency diploma;

*1.2 If the employee is over 40 years old at the end of the initial award period;

*1.3 If the unemployment rate in the Tennessee county where the employee was working for the employer on the date of injury was two percentage points higher than the yearly average unemployment rate in Tennessee according to the yearly average unemployment rate for the year immediately prior to the expiration of the initial award period.

After these increases, the employer is given credit for the amount paid in initial benefits against any increased award.

Calculating Increased Permanent Partial Disability Benefits

Example: Because Will Worker's doctor assigned him an 8 percent impairment rating, he was initially entitled to 36 weeks of benefits. To see if he may be entitled to additional benefits, he first has to wait until September 10, 2015, which is 36 weeks from his maximum medical improvement date of January 1, 2015. Assume that on September 10, 2015, Will has returned to work for a new employer, ABC Corp., but he is only making $10 per hour instead of the $12.50 per hour he made with his previous employer, Acme, on the date of his injury. On September 10, 2015, Will is 45 years old. He does not have a high school diploma or a GED. On the date of injury, Will was employed in Putnam County, and the unemployment rate there was not two points higher than the state average in 2014. Will is therefore entitled to increased benefits, which would be calculated as follows:

Based on his comp rate, his impairment rating and the increased award factors, Will should receive a total permanent partial disability award of $28,187.72. This amount included the initial award of $11,999.88, as well as the increase Will should get because of the factors outlined above. Will can claim the final sum of $28,187.72, but Acme gets to deduct the amount of the initial benefit it paid Will. That leaves a total increased award of $16,187.84, which Will should receive as of September 10, 2015. He should already have been paid the initial award of $11,999.88.

The previously-outlined formula will dictate the amount of permanent partial disability benefits in the great majority of cases. There are very limited circumstances under which a

workers' compensation judge may have the authority to award benefits beyond those provided by the formula.

Calculating a permanent partial disability award can be complicated. For questions about how this works, contact an ombudsman.

Permanent Total Disability Benefits

Calculating Permanent Total Disability Benefits

Example: Will Worker's back injury sustained on July 1, 2014 has left him completely unable to return to any job. His date of birth is August 1, 1970, so he will be eligible for full Social Security retirement benefits on August 1, 2037. He should receive permanent total disability benefits of $333.33 every week from his maximum medical improvement date of January 1, 2015 until August 1, 2037.

The great majority of employees injured on the job are able to return to work, even if they retain a permanent disability. If an injured employee is unable to return to any job on the open market because of a work injury, however, he or she may be entitled to permanent total disability benefits.

An employee entitled to receive permanent total disability benefits must demonstrate that there is no job on the open market he or she can do because of his or her injury. If the injured employee can meet this burden, he or she will receive benefits in the amount of his or her compensation rate until he or she is eligible for full retirement benefits under Social Security. These benefits are payable from the date of maximum medical improvement.

Permanent total disability cases have a number of further complications outside the scope of this publication. For further questions about how these cases work, contact an ombudsman.

DEATH BENEFITS

Specific benefits are available in cases where an employee dies as a result of a work injury. Workers' compensation will cover:

- Medical care up to the time of death;
- Burial expenses up to $7,500.00; and,
- A lump-sum of $20,000 to the estate of a deceased employee who leaves no dependents; or,
- Survivor benefits are available when a deceased employee leaves dependents.

PART THREE: WORKERS' COMPENSATION CLAIMS PROCESS

Tennessee law establishes a step-by-step process to follow when an employee is injured at work. The information in this publication offers a short overview of what to do.

EMERGENCY CARE

If an injury requires emergency care, the employee should seek treatment immediately. Care for true emergencies is always covered.

CLAIMS REPORTING

Injured workers should **immediately notify** their employers of any work accident, injury or illness. The law requires injured workers to give their employers notice within 15 days of the date of injury or when a physician first tells them that the injury or illness is work-related. It is best if employees give this notice in writing. It is against the law to fire an employee for reporting a work injury.

Employers covered under Tennessee's workers' compensation law must report all known injuries to their insurance carriers on a form called Employer's First Report of Work Injury or Illness (Form C-20). This must be done within one day of the employer's knowledge of the injury. Insurance carriers must then file this form electronically with the state within 14 days after they are notified of the injury or illness.

Even injuries the employers believe are not work-related **must be reported** to the insurance carrier. The insurance carrier will then investigate the claim and pay or deny it, whichever is appropriate.

COMMENCEMENT OF BENEFITS AND RETURN TO WORK

As soon as they are notified of a work injury or illness, employers should provide the injured worker with a panel of three physicians. The form for this is called Agreement Between Employer/Employee Choice of Physician (Form C-42). The injured employee should then select one of the physicians from the form to be the authorized training physician. The employee's

selection should be noted on the form. Once a selection is made, the worker should sign the form. The original should be kept by the employer, and the employee should be given a copy.

Scheduling of appointments with the authorized treating physician will usually be handled by the physician's office and the insurance carrier, or sometimes by a person hired by the insurance carrier called a **case manager.** Case managers are generally nurses whose job is to help manage an injured employee's care and to assist with communication between the employee, employer, insurance carrier and authorized treating physician about the employee's medical care. Case managers often attend doctor appointments with employees and report back to the insurance carrier about the employee's progress.

Authorized treating physicians will usually be asked to address an employee's work status during most medical appointments. A physician may take an employee off work entirely because of an injury, or may allow the employee to return to work with specific restrictions. Employers who are able to accommodate the work restrictions from an authorized treating physician should bring the injured employee back to work. If this happens, and the employee is earning the same wages as before the injury, the employee will not receive any temporary disability benefits. If the employee is earning less, however, or if the employee does not return to work and misses more than 14 days because of the work injury, the injured employee should begin receiving temporary disability benefits as described on page 12 of this booklet.

Even after injured employees return to work, they generally will have periodic appointments with their authorized treating physicians until they reach maximum medical improvement. This may mean they have to miss work to attend the appointments. Injured employees are not usually compensated for this lost time (either by wages or by temporary disability benefits), unless the employer's policy dictates otherwise. They will still receive mileage payments, if appropriate.

SETTLEMENTS

After an injured employee reaches maximum medical improvement, the treating physician will determine whether the employee should receive an impairment rating. If the employee has a permanent impairment, his or her permanent disability benefits can then be calculated as previously described; see pages 12 through 16.

The employee and the insurance carrier will often enter into negotiations to settle the employee's claim for permanent disability benefits. All settlements of permanent disability benefits must be approved by a workers' compensation judge.

Workers' compensation law allows for permanent disability benefits to be paid to employees in two different ways: **periodically or lump sum.** Benefits paid periodically are generally paid every two weeks, just like temporary disability benefits, until the full amount of

benefits has been paid. Lump-sum benefits are paid all at one time. Most settlements are done as lump sums, but in cases involving permanent total disability benefits, there are limitations on what can be paid as a lump sum. The final decision as to how benefits should be paid rests with the workers' compensation judge.

In permanent partial disability cases, the parties can reach an agreement on the initial benefits and then wait to settle a claim for increased benefits when the initial benefit period has lapsed, or they can instead negotiate the whole award at one time. It will then be up to the workers' compensation judge to decide whether to approve any settlement the parties reach.

Injured employees can also agree to settle their right to future medical treatment in exchange for a cash payment. This is referred to as "closing" future medical benefits. If this is done, the injured employee will no longer have the right to have medical treatment for his or her work injury paid for by the insurance carrier or employer. These settlements must be approved by a workers' compensation judge, just like settlements for disability benefits.

PART FOUR: DISPUTE RESOLUTION

Workers' compensation is designed to provide all parties with a streamlined process for resolving claims for benefits. Even so, disputes do arise about any number of issues in workers' compensation claims. Workers' compensation cases follow a unique process for resolving these disputes.

STATUTE OF LIMITATIONS

Workers' compensation claims in Tennessee are subject to a **one-year** statute of limitations. The one-year period begins to run on the date of injury for claims where the employer or its insurance carrier refuse to pay benefits, or on the date of the last payment for authorized treatment or disability benefit payment in cases where the employer or insurance carrier voluntarily pays benefits. It is important to know that, according to the law, the date of a disability benefit payment is the date the payment is issued, not the date it is received by the injured employee.

An injured employee's claim will be barred after the one-year statute of limitations period unless the employee takes two steps:

(1) Gives notice of the work injury to the employer, and
(2) Files a Petition for Benefit Determination with the Bureau.

Employees involved in disputed workers' compensation claims should do both of these immediately to protect their claims.

There is also a separate statute of limitations applicable to claims for increased permanent partial disability benefits. To claim these benefits, an injured employee must file a new Petition for Benefit Determination within one year after the initial period of compensation ends. This is a second, separate petition from the one filed to protect the original claim for benefits.

MEDIATION

When the parties involved in a disputed workers' compensation claim are unable to resolve their difference on their own, they can submit their dispute to mediation. Either party can do this by filing the appropriate form with the Bureau.

Mediation is a **mandatory** step before any case can proceed to the Court of Workers' Compensation Claims. The Bureau's mediators are available to help parties work out their differences on all manner of issues that can arise in a workers' compensation claim, from disputes about medical care or mileage benefits to resolution of claims for permanent disability benefits and everything in between. Disputes about issues other than permanent disability benefits are usually handled over the telephone. Mediations regarding permanent disability benefits are done in person at one of the Bureau's regional offices.

Any party to a disputed workers' compensation claim can be represented by an attorney for any part of the mediation process, but attorneys are not required. This is also true in the Court of Workers' Compensation Claims.

If the parties are successful in settling their differences during mediation, the Bureau mediator will prepare a settlement agreement outlining all of the terms the parties have agreed to. This agreement will become final once it has been approved by a workers' compensation judge.

If the parties do not settle their dispute during mediation, the mediator must prepare a dispute certification notice outlining all of the unresolved issues for hearing by a workers' compensation judge. Usually, only those issues listed on the dispute certification notice can be decided by a judge, so it is essential that the parties make sure the mediator is aware of all the issues; there is also a process for requesting an amendment to the dispute certification notice, if necessary, but this is subject to specific deadlines.

All parties are required by law cooperate with the Bureau mediator and to negotiate in good faith during mediation.

COURT

When the parties are unable to resolve their differences at mediation, they can proceed to the Court of Workers' Compensation Claims to let a workers' compensation judge decide their case.

Any party who wishes to have a claim decided by a workers' compensation judge must file a request for hearing with the Bureau. This document must be submitted to the Clerk of the Court of Workers' Compensation Claims **within 60 days** after the issuance of a dispute certification notice by a workers' compensation mediator. Once a request for hearing has been filed, the case will be assigned to one of the Bureau's workers' compensation judges.

Workers' compensation judges have the authority to decide all disputed issues in workers' compensation cases. Cases proceed much like they would in any other court, though the process is designed to move much more quickly than ordinary litigation. The Court of Workers' Compensation Claims also has its own rules of procedure. Any party involved in a claim before the Court of Workers' Compensation Claims should become familiar with these rules, available on the Bureau's website at http://www.tn.gov/labor-wfd/wcomp.shtml.

The Tennessee Rules of Evidence and the Tennessee Rules of Civil Procedure apply at all hearings before the Court of Workers' Compensation Claims. In particular, the parties may move into evidence only certified copies of health-care records or they may introduce medical evidence from testimony given at a deposition. All witnesses will give sworn testimony. Hearsay evidence will not be admitted unless the Court rules that an

exception applies. This means the Court generally will not consider third-party written or verbal statements made out of court. Rather, that third party must be present for the court to consider whether his or her testimony will be admitted into evidence. Adverse witnesses must be subpoenaed and they must be compensated for attendance and mileage. Subpoenas may be obtained from the court clerk and must be personally served no less than five days before a scheduled hearing.

At hearings, the employee bears the burden of proving each and every element of the claim by preponderance, or the greater weight, of the evidence.

A compensation order from the Court of Workers' Compensation Claims becomes final if none of the parties files an appeal to the Workers' Compensation Appeals Board within 30 days of its issuance. If no one files an appeal with the Appeals Board, any party may appeal a judgment from the Court of Workers' Compensation Claims to the Tennessee Supreme Court.

DISPUTES ABOUT FUTURE MEDICAL BENEFITS

Disputes sometimes arise in cases where injured employees have kept their right to future medical treatment open. These cases where disability benefits have been settled, and the only dispute is about medical treatment, are often called **"future meds" or "open meds"** cases. The dispute resolution process for these cases is the same as for any other case under workers' compensation. The parties will start with mediation, and if they are unable to resolve their differences, can proceed to the Court of Workers' Compensation Claims.

PART FIVE: INDEMNITY BENEFITS

Indemnity benefits are money benefits that an injured employee receives while recovering and he or she cannot earn wages. The benefits are regular payments based upon a portion of the worker's average wage. Once the worker reaches maximum medical improvement, or MMI, he or she may be eligible for a settlement if there is a permanent impairment.

For employees who are temporarily totally disabled, as previously described on pages 12 and 13, the first check should be mailed within 14 days after the employee has missed more than seven days of work due to the injury. After that, usually he or she will receive checks every two weeks. The checks will probably come with forms or other paperwork. Every time the worker receives a check, he or she should write the date and the amount on the form in this publication entitled "Record of Indemnity Benefits." If an employee does not get a check within a reasonable amount of time, he or she should call an ombudsman.

Bridging the Gap

Workers' Compensation is designed to provide an injured worker with TEMPORARY help while he or she recovers and prepares to go back to work. Even if the employee has to go back to work at lower pay, he or she will ALWAYS get more money by working than by staying out of work. The goal should be to get well as soon as reasonably possible and return to gainful employment. ***If an employee is able to go back to work, but refuses jobs that are offered to him or her, the worker could lose all benefits.***

The amount of money the worker receives depends on the injury, how long it takes to recover, and how much money he or she was earning before your injury.

If the worker is able to keep on working, does not lose any pay, and has reached maximum medical improvement with a permanent disability rating, he or she might qualify for permanent partial disability benefits, as described on pages 12 through 16.

If the injury prevents the employee from doing his or her old job, and he or she continues working at a different job with lower pay, the employee might qualify for temporary partial disability benefits until he or she reaches MMI based on the difference between the old wage and the new wage.

The injured worker is entitled to receive temporary total disability benefits if he or she loses more than seven days' work under a doctor's instruction because of an injury. The seven days do not have to be consecutive. On the eighth day out of work, the worker is eligible for temporary total disability benefits. Specific guidelines in the law determine how much the employee will receive for these benefits.

For most workers the amount of the TTD is two-thirds of their average weekly wage. The average is based on gross wages earned from the employment in which he or she was injured during the 52 weeks before the accident. If the employee has not worked for the employer for at least 52 weeks, gross wages for the actual number of weeks worked will be considered to calculate the average weekly wage.

For workers who earn higher than average wages, there is a limit set by the state. There is also a statutory minimum compensation rate. To determine the minimum and maximum for the year, call an ombudsman or visit the Bureau of Workers' Compensation website, www.tn.gov/labor-wfd. The amount of weekly temporary total disability benefit is also called the compensation rate or comp rate.

If the Employee Disagrees with the Amount of Benefits Received

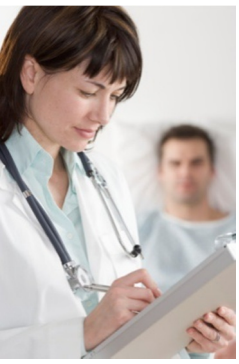
The amount of indemnity benefits under workers' compensation is ALWAYS less pay than the worker was receiving before the injury. Some workers are surprised by this. The claims representative is required to pay benefits in accordance with the law and nothing more. An employee who has questions about the benefits provision of the law should contact an ombudsman for a more detailed explanation.

If the worker is able to return to work soon, there will be no benefits for the first seven days he or she was out of work. If the employee is out of work more than seven days, he or she is entitled to a TTD payment for each day beyond seven days. If the employee is out of work for more than 14 days on the doctor's instructions, he or she is also entitled to a TTD benefit payment for those first seven days. The employee should keep detailed records so he or she can tell whether payment is received (Use the form "Record of Indemnity Benefits" in this booklet). If the employee has not received timely payment, he or she should remind the claims representative and ask for the check number. If the claims representative does not send the check, he or she should call an ombudsman.

MAXIMUM MEDICAL IMPROVEMENT

Maximum medical improvement or MMI is a time after your injury when the doctor decides that:

- The employee has fully recovered from an injury, or,
- Medical treatment has contributed to the worker's recovery as much as it can.



When MMI is reached, temporary disability indemnity payments will STOP. For most workers, MMI is the time to go back to work, if he or she is not already back at work. Benefits either will stop or be reduced depending on the degree of recovery at MMI.

A doctor makes the decision about MMI. The employee should ask the doctor to tell him or her when MMI is approaching. The situation will change, so the worker should stay informed and be prepared.

The employee can return to work at any time if the doctor approves. The doctor might give restrictions so that the worker does not complicate the injury or hurt him- or herself again.

If the employee reaches maximum medical improvement, and the doctor says he or she is fully recovered without any residual impairment, the worker won't receive any more indemnity payments.

If the doctor says an employee has fully recovered from an injury, or that the worker has reached MMI, but he or she disagrees, the worker should call an ombudsman to explore any options that may be available.

Permanent Disability Benefits

When the employee reaches MMI, the doctor will assign whole-body impairment, if any applies to the injury.

The employee may receive permanent partial disability benefits, or PPD, as previous described on pages 12 through 16. "whole-body" impairment is a physical problem or limitation that is expected to continue for the rest of the employee's life. The doctor will rate the impairment according to a reference book published by the American Medical Association called *the Guides*, and assign a number called an "impairment rating." The impairment rating is a percentage, and is used to determine how much money the worker receives.

If the employee goes back to work at the same pay as before, he or she will receive PPD benefits based on the impairment rating. If the worker goes back to work at lower pay, or if he or she is not able to return to work, then the employee is entitled to an extended benefit based on the impairment rating and several other factors. This is called the PPD formula. See the PPD worksheet on page 50 to calculate a worker's approximate benefit.

Some workers may receive permanent total disability benefits, which they will continue to receive until they are eligible for full retirement Social Security benefits.

INDEMNITY BENEFITS FOR CERTAIN CONDITIONS

Mental impairments may be covered, but ordinary emotional stress associated with work is not, nor are mental-health problems not connected to work. The injured employee may discuss with the doctor the impact of a physical injury on his or her mental health. If a worker believes he or she has suffered a mental injury apart from physical trauma, the employee should report this to the employer in the same manner as a physical injury.

A hernia is covered only if it meets certain conditions. The employee must prove:

*There was a work injury resulting in a hernia;

*The hernia appeared suddenly and was accompanied by pain;

***The hernia immediately followed the work incident; and**

*The hernia did not exist prior to the work incident.

PART SIX: THE ROAD TO RECOVERY

Making the most of the situation

Being out of work because of an injury is a difficult time for an employee. It is in the best interests of both the employer and the employee that the worker get well as soon possible and return to work. If the employee stays away from work a long time, it is less likely that he or she will be able to return to that job. The money received in workers' compensation weekly benefits is always less than the pre-injury wages. Below are a few suggestions for employees to make the most of the situation.

Going Back to School?

Workers' compensation does NOT pay for educational expenses – but by the same token, an employee who seeks additional education and training will not lose benefits on that basis. Going back to school might enable the employee to earn more money than before the injury because of his or her new skills. An ombudsman can help the employee get connected with educational opportunities.

Follow the doctor's instructions closely. Work hard at physical therapy or whatever else the doctor asks the employee to do.

Check into training and education opportunities now — as soon as the employee thinks he or she may not be able to do the same work done before the injury. He or she might be able to use this recovery period to go to school and get ready for a different job. There are many choices available, including programs for workers who did not finish high school. Some of these programs are free. Injured employees can contact their local public school or community college.

Returning to work

When the employee is ready to go back to work, even on a limited basis, he or she should contact the employer. If the employer refuses to provide work for the employee, he or she should call an ombudsman.

The decision about a worker can and cannot do at work is up to his or her health-care provider. The employee and employer should work together to determine what jobs the employee can do with any new medical restrictions. If the employer offers the worker any job that the doctor says the employee can do, and the employee does not accept it, he or she could lose benefits.

Communication is critical. The employee should keep the employer and claims representative informed about his or her progress, to make the transition back to work as smooth as possible.

Lump-sum Settlements

The Workers' Compensation Act allows a worker and the employer to resolve a claim for injury as long as all parties are in full agreement of the appropriateness of the resolution with a lump-sum payment and the settlement is approved by a workers' compensation judge.

Under Tennessee law, an employee is entitled to future medical care related to the injury for the rest of his or her life, if needed. The law also allows a worker to give up this right for money. If an employee is offered money in exchange for signing a document giving up his or her right to future medical care, the worker may call an ombudsman to answer questions about his or her rights and responsibilities. However, an ombudsman cannot give legal advice to either the employee or the employer.

If the employee is entitled to permanent partial disability benefits, he or she can receive the benefits in a lump-sum payment. The lump sum ends his or her right to any more disability benefits. If the worker accepts a lump sum, he or she will still be entitled to medical care, but may not be entitled to any more disability benefits if the injury causes health problems in the future. Before accepting a lump sum, an employee should discuss it with a doctor who knows his or her medical history.

OTHER ISSUES IN MEDICAL CARE

Communication

An injured employees should communicate fully and frequently with his or her health-care provider. The doctor is responsible for deciding when the worker will be able to go back to work, what restrictions he or she might have, when maximum medical improvement is attained and other important matters. The doctor may also be aware of possible long-term effects of the injury or condition. An employee should ask the doctor to discuss these matters, especially while approaching the end of treatment. The doctor can also tell the employee what to do to stay healthy.

The claims representative and employer are also interested in the doctor's decisions because these decisions affect the cost of the claim and the employee's future at work. The claims representative has the right to receive written reports from the doctor, while the employee has a right to get copies of those reports, if desired.

The employer or claims representative may want to talk to the doctor to help arrange for the employee to go back to work, to discuss the cause of the accident, the nature of the impairment, further medical care, referrals to specialists and other topics. The employee has a right to participate in any of these conferences between the doctor and the employer or claims representative.

An **Independent Medical Examination,** or "IME," is a medical examination by another doctor who has not treated the employee. Some IMEs are performed by a group of doctors including different specialists.

The purpose of the IME is not to treat the employee, but to get an evaluation and medical opinion. Either the worker or your claims representative may request an IME, but whoever requests the IME must pay for it. If the employee refuses to go to an IME set in accordance with the Workers' Compensation Act, he or she can lose benefits. To be set in accordance with the Workers´ Compensation Act, the IME must be by agreement of both parties or by order of the Court of Workers' Compensation Claims.

Employees who have questions about going to an IME set up by a claims representative should contact an ombudsman.

Disagreements and Disputes

If the employee disagrees with the employer, health-care provider or claims representative about the workers' compensation claim, there are different steps he or she can take:

- Try to get the problem worked out amongst themselves.
- Call an ombudsman, who may be able to talk to the other parties to resolve the problem.
- File a petition in workers' compensation court and go to a mediation conference.
- Hire a lawyer to file the petition and represent the worker's interests.
- Go on to a full trial in workers' compensation court in front of a workers' compensation judge if mediation is unsuccessful. At that point, a lawyer can be very helpful.

Either party can appeal the final decision of the workers' compensation judge.

Either party may call an ombudsman just to ask questions if they are self-represented. The ombudsman can help by making sure everyone understands the basic rights and obligations regarding benefits under the Workers' Compensation Act.

If you cannot speak English

Persons needing help with translation or interpretation should notify the Bureau.

An ombudsman does not take sides, nor can he or she give legal advice, represent a party or act as an advocate. If either party decides to file a formal complaint with the Court of Workers' Compensation Claims, and does not have a lawyer, the ombudsman can tell him or her what forms to use and can explain the procedures, so he or she knows what to expect.

The employer or employee may hire a lawyer for the workers' compensation claim, but once a party has an attorney the ombudsmen are not allowed to talk to him or

her any further. The claims representative will also be unable to talk to an employee directly. If the claims representative calls the employee, he or she should instruct the representative to talk to the lawyer exclusively.

Any party may also receive help from someone who is not a lawyer, such as a union representative or relative. However, a non-lawyer may not act as a legal representative, and should not be paid. If this should happen, the non-lawyer could be charged with the unauthorized practice of law and be penalized.

A disagreement may result in a dispute that can only be resolved by filing a Petition for Benefit Determination with the Bureau. When you file a petition and do not have a lawyer, an ombudsman can help but cannot act as a legal representative or as an advocate. Petitions are filed with the Clerk of the Workers' Compensation Claims Court.

Getting ready for mediation

When either party files a petition, the BWC will schedule the case for mediation. This is an attempt to solve your dispute without a formal trial. The mediation will be scheduled as soon as possible, probably three to seven weeks from the time the petition has been filed.

What to Bring to Mediation:

- ***Copies of all unpaid bills relating to the case.***
- ***Copies of all medical records relating to the case.***
- ***Copies of any witness statements.***
- ***Evidence of wages, tips of benefits that may figure into compensation rate.***
- ***An open mind, a cooperative attitude and authority to settle the case.***

All the information collected during the case will be very helpful in preparing for mediation.

If the employer or employee plans to go to mediation without a lawyer, he or she should spend some time preparing. Learn as much as possible about the law affecting the case, so that everyone will have a better idea of what might be a reasonable or fair resolution of the case.

The mediation conference is a meeting where the parties try to agree on how to resolve the case. An experienced professional mediator from the BWC is in charge.

If the other parties agree on a solution to the dispute, the mediator will write down the agreement. If no agreement results, the mediator will certify the disputed issues and issue a report to the clerk of the court. Either side may then be able to request a formal trial.

Any time before trial, the parties are encouraged to get together and come to an agreement so the trial is not needed, but it is not required.

BAD ACTIONS AND PENALTIES

There are many ways both employees and employers can jeopardize their positions in a workers' compensation claim. The section below is a primer on **what not to do.**

Drug or alcohol use

If the employee was under the influence of illegal drugs or alcohol when the accident occurred:

- The claim could be denied completely and the employee would get nothing, not even medical care.
- Legally speaking, if a drug or alcohol test proves the employee was under the influence, the presumption is that the drug or alcohol use was the proximate cause of the accident or injury. This presumption can be rebutted by a preponderance, or greater weight, of the evidence.
- The employer may have policies or rules that would require the employee to take drug or alcohol tests after an accident.

Safety devices

These might be a seatbelt in a car; personal items such as hard hats, goggles or gloves; guards or shields on machinery; or anything else that is provided to help make an employee safe.

- If the employer provided a safety device, and the employee did not use it, the employee could lose benefits.
- If the employer should have provided a safety device but did not provide one, then the employee could be entitled to benefits. The claims representative or an ombudsman should be informed about this.

Filing a false claim

It is a crime to fake an injury, to falsely claim to have been an employee or to claim workers' compensation benefits for an injury that did not occur at work. The employee, who does so could be prosecuted, sent to prison and/or ordered to pay a fine.

If the employer or claims representative suspects a false claim, they can investigate. The claims representative can stop paying benefits and stop paying for medical care. If they do this and the employee's claim was not false, he or she might have to go to workers' compensation court to prove it.

The employer or claims representative may also tell the BWC about what they suspect. The Bureau can investigate the charge, and can potentially work with a district attorney to have the employee charged with a crime.

Self-inflicted injuries

If an employee injures him- or herself on purpose to collect money, the claim can be denied. He or she may be prosecuted for fraud by lying about the cause of the injury.

The claim can be dismissed and benefits can stop if:

- After an employee has started receiving benefits, the employee hurts him- or herself on purpose to delay or prevent recovery.
- The employee engages in activities that harm his or her health, or are unsafe.
- The employee refuses reasonable medical or surgical treatment.

Another reason the employer or claims representative may stop paying benefits is for the employee's refusal to go to a periodic medical examination or an independent medical examination.

Insurance companies and self-insurance programs sometimes hire private investigators. The BWC cannot stop a private investigator from investigating an employee, but the law does not allow private investigators to violate anyone's rights.

The employer or claims representative can file a petition with the BWC to ask a judge for an order to stop the employee's benefits, or the claims representative can terminate benefits should the employee fail to fulfill his or her obligations under the Workers' Compensation Act. If the claims representative stop paying benefits and the employee believes he or she was not doing anything wrong, the worker may have to file a petition to start benefits again. The petition must be filed **within one year** from the time that benefits were ended.

Bad Faith

The BWC Penalty Program investigates charges of employers and/or insurance companies denying benefits the employee is legally entitled to receive. This is called bad faith denial or nonpayment of benefits. An employee who believes another party is acting in bad faith should contact an ombudsman.

GLOSSARY - DEFINITIONS OF WORDS

Adjuster
A person who "adjusts" claims while working for an insurance company, a self-insurance program, or a third-party administrator. An adjuster makes decisions about benefit payments and authorizes writing the checks. He or she is one type of claims representative.

AMA *Guides*
A book published by the American Medical Association for health care providers, describing how to rate the impairments of injured workers. *The Guides* is the official standard for rating workers' compensation injuries in Tennessee.

Bad Faith
Unreasonable, intentional or malicious denial or refusal to pay a claim without any reasonable basis.

Benefit
Any payment to an injured worker or in behalf of an injured or deceased worker for compensation, medical treatment, legal expenses, funeral or travel costs resulting from a work-related injury, illness or death.

Burden of Proof
In legal disputes, when one side has a right to something and the other side challenges it, the side making the challenge has the burden of proof. That side has to show the judge why it should win the dispute or the other side will win.

Claim
A legal demand from the worker to the employer for workers' compensation benefits.

Claims Representative
A person from an insurance company, self-insurance program or third-party administrator who works on the worker's claim. This person is the worker's contact person for matters concerning the worker's claim, benefits, payments and other matters.

Compensation
Payments to an injured or ill worker for lost work time due to a job-related injury or illness.

Impairment
Injury-caused mental or bodily damage that is expected to be permanent.

Impairment Rating
A percentage number used to "rate" the permanent impairment of an injured worker. An impairment rating can only be given by the authorized health care provider or an independent medical examiner and must be based on a reference book called *the Guides.*

Indemnity Payment
A payment to the injured or ill worker or dependents to compensate for wage loss, functional impairment, or death.

Lump-Sum Payment
A single workers' compensation indemnity payment in place of future installment payments.

Maximum Medical Improvement (MMI)
The date after which further recovery from or lasting improvement to an injury can no longer be reasonably anticipated as a result of further medical treatment, based upon reasonable medical probability as determined by a health care provider.

Medical Benefits
Payment by the insurer to a health care provider for an injured worker's medical care.

Mediation
An informal meeting involving both sides of a workers' compensation dispute with a BWC mediator to try to resolve the dispute.

Mediator
A dispute resolution specialist from the Bureau who meets with the disputing parties, out of court, to try to reach an agreement.

Mileage Rate
An amount of money paid for every mile approved for travel to get to medical treatment that is required by the worker's compensation claim; paid only if the worker has to travel 15 miles or more each way.

Modified Work
Work that has been altered to allow an injured worker to perform work task

No-fault
A concept in the law that says the claim will be covered no matter who caused the accident.

Occupational Disease
A disease that is caused by the specific job a worker does.

Occupational Injury
An injury that primarily arises out of and in the course of employment.

Party
The worker or the employer and insurer or self-insurance program. Each is a "party" in a dispute over a claim.

Permanent Partial Disability (PPD)
A category of indemnity benefit, payable when a worker has a permanent physical impairment after reaching maximum medical improvement. The amount of benefits is determined by the worker's physical impairment, as rated by *the AMA Guides.*

Permanent Total Disability (PTD)
A category of indemnity benefits payable when a worker has been left with the permanent and total disability.

Pre-existing Condition
A physical condition that the worker had before the work-related accident.

Pro Se
A person representing himself in a legal proceeding without any representation from a lawyer.

Repetitive Motion Injury
An injury caused by doing the same physical motion repeatedly over a long time.

Rules
Additional requirements related to laws. Rules are made by government agencies and add details and definitions to laws.

Temporary Total Disability (TTD)
Indemnity payments made to the worker based on the inability of the worker, by reason of accidental injury arising out of and in the course of his employment, to perform his duties, up to the date of maximum medical improvement.

Third-party administrator (TPA)
A representative hired by an insurance company or self-insurance program to handle workers' compensation claims.

CHECKLIST

- ✓ General information
- ✓ Record of medical treatment
- ✓ Claims representative information
- ✓ Record of indemnity benefits
- ✓ Transportation expenses worksheet

Checklist

This form is to assist you to keep track of your records. It is extremely important that you keep all documents, medical records, insurance forms and correspondence, copies of any forms or documents filed with the BWC, and any other record that concerns your case.

KEEP EVERYTHING!

- ❑ Copy of Notice of Injury Form
- ❑ Copies of 52 weeks of pay vouchers
- ❑ Copies of any non-monetary wages received from the employer (lodging, fuel, etc.)
- ❑ Copy of each check received from the insurance company (TTD, PPD)

Medical Treatment

- ❑ Copies of all medical records
- ❑ Copies of all instructions from the doctor
- ❑ Copies of any medical bills sent to you
- ❑ Copies of prescriptions

Travel Expenses

- ❑ Mileage
- ❑ Public transportation costs –tickets, receipts, itineraries

If you need help, call 1-800-332-2667 to speak with an Ombudsman.

MY CLAIM INFORMATION

This form will help you keep important information you will need if you are injured on-the-job. (Make copies of this form for co-workers and friends)

My Employer's Name: _____

Employer's Address: _____ City: _____State: _____Zip: _____

Employer's Phone Number: _____

Fax Number: _____

Supervisor's Name: _____

Phone Number: _____

Work Injury Contact Person: _____

Employer is insured by:

Insurance Company's Name: _____
Phone Number: _____
Fax Number: _____

Employer's instructions for work-related medical care:

Nearest Emergency Room:_____
(Note: In an emergency I may go to the nearest emergency room if it is closer than the one named here.)

Non-emergency medical care located at:
_____
_____
_____

Fill this form out NOW so it will be ready if you need it.

Tennessee Bureau of Workers' Compensation Workbook for Injured Workers.

If you need help, call 1-800-332-2667 to speak with an Ombudsman.

Accident Details

Date of accident: _____

Time: _____

Location (give an exact description): _____

Describe the accident (what happened):

_____

_____

Describe the injury (what part of the body was injured and how):

_____

_____

Witnesses (who was present at the accident):

_____

_____

I reported the injury to:

_____

_____

I completed an accident form for my Employer: Yes___ No___

The date I filled out the Accident Form: _____

I gave a copy of the Accident Form to: _____

If you did not fill out an Accident Form, does your employer have Accident Forms at your workplace? GO FIND ONE AND FILL IT OUT!

PLACE YOUR COPY OF THE ACCIDENT FORM IN YOUR WORKERS' COMPENSATION CLAIM FILE.

Record of First Treatment

ALL PAPERS FROM THE DOCTOR'S APPOINTMENT ARE TO BE PLACED IN YOUR WORKERS'COMPENSATION CLAIM FILE. Keeping records of all of your medical treatment is absolutely necessary. If you should have a disagreement with your medical treatment, the insurance company or your employer, you will need them. Fill out this form as soon as possible.

Check one:

This was emergency treatment ___ This was not emergency treatment ___

Name of Doctor: _____

Name of Hospital or Clinic:_____

Date and time of treatment:_____

Check one:

____ I went to a doctor I chose from a list of doctors my employer gave me
____ My employer told me to go to this doctor
____ It was an emergency and this was the nearest available doctor
____ I went to my own physician

Driving to the hospital or clinic:

(If you drove 15 miles or more one way you will be entitled to payment for mileage, so keep this record.)

I drove from:
____ home
____ work
____ other _____

How many miles one way: _____ round trip: _____

Write down the medication prescribed by the doctor:

_____

_____

Instructions from the doctor. What I have been told to do:

(Examples: work full duty, work with restrictions, do not work, exercise, home physical therapy, see a specialist, get an MRI)

_____

_____

Next appointment: Date _____ Time _____

Location: _____ Doctor: _____

If this was emergency medical care, and you have received instructions from your employer about which doctor to use, follow your employer's instructions.

If you need help, call 1-800-332-2667 to speak with an Ombudsman.

ALL PAPERS FROM THE DOCTOR'S APPOINTMENT ARE TO BE PLACED IN YOUR WORKERS'COMPENSATION CLAIM FILE.

Record of Medical Treatment

Use this form **after** your first medical treatment for **each visit** you make to the doctor or health care professional. *Make copies of this form* **BEFORE** *you fill this out*.

Name of Doctor: _____

Name of Hospital or Clinic:_____

Date and time of treatment:_____

Check one:

____ I went to a doctor I chose from a list of doctors my employer gave me

____ My employer told me to go to this doctor

____ It was an emergency and this was the nearest available doctor

____ I went to my own physician

This is a change of doctor: Yes /No

I selected the new doctor: ____

My employer selected the new doctor: _____

My claims representative selected the new doctor:_____

Driving to the hospital or clinic:

(If you drove 15 miles or more one way you will be entitled to payment for mileage, so keep this record.)

I drove from:

____ home

____ work

____ other

How many miles one way: __ round trip: __

Write down the medication prescribed by the doctor:

_____

_____

Instructions from the doctor. What I have been told to do:

(Examples: work full duty, work with restrictions, do not work, exercise, home physical therapy, see a specialist, get an MRI)

_____

_____

_____

Next appointment: Date _____ Time _____

Location: _____ Doctor: _____

If you need help, call 1-800-332-2667 to speak with an Ombudsman.

ALL PAPERS FROM THE DOCTOR'S APPOINTMENT ARE TO BE PLACED IN YOUR WORKERS'COMPENSATION CLAIM FILE.

Transportation Expenses for Medical Treatment

You are entitled to reimbursement for mileage expenses when you have to travel more than 15 miles one way to a medical provider. To get reimbursed for travel to medical appointments, write dates of visits and costs:

Date	Doctor	Departed from:	Arrived at:	Mileage	Costs
__/__/__	_____	_____	_____	_____	$_____
__/__/__	_____	_____	_____	_____	$_____
__/__/__	_____	_____	_____	_____	$_____
__/__/__	_____	_____	_____	_____	$_____
__/__/__	_____	_____	_____	_____	$_____
__/__/__	_____	_____	_____	_____	$_____
__/__/__	_____	_____	_____	_____	$_____
__/__/__	_____	_____	_____	_____	$_____

If you need help, call 1-800-332-2667 to speak with an Ombudsman.

ALL CHECK STUBS FOR MILEAGE PAYMENTS ARE TO BE PLACED IN YOUR WORKERS'COMPENSATION CLAIM FILE.

Claims Representative Information

Use this form to keep a record of your contact with your claims representative.

Insurance Company's Name: _____
Claims Representative's Name: _____
Contacted on: _____ (date.)
Case file Number: _____
Phone:_____
Fax:_____
Email:_____
Address:_____

Instructions from your claims representative **(after first contact, use an additional page to record every contact with your claim representative)**

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

If you need help, call 1-800-332-2667 to speak with an Ombudsman.

ALL PAPERS FROM THE INSURANCE COMPANY ARE TO BE PLACED IN YOUR WORKERS'COMPENSATION CLAIM FILE.

Ombudsman Information

Use this form to keep a record of your contact with your ombudsman.

Ombudsman's Name: _____
Contacted on: _____ (date.)
TN State File Number: _____
Phone:_____
Fax:_____
Email:_____
Address:_____

Notes from contact with Ombudsman (after first contact, use an additional page to record every contact with your ombudsman)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

If you need help, call 1-800-332-2667 to speak with an Ombudsman.

ALL PAPERS FROM THE OMBUDSMAN ARE TO BE PLACED IN YOUR WORKERS'COMPENSATION CLAIM FILE.

Dispute Mediation Information

Use this form to keep a record of your mediation.

TN State Mediator Name: _____
Contacted on: _____ (date.)
TN State File Number: _____
Phone:_____
Fax:_____
Email:_____
Address:_____

Notes from contact with Mediator (after first contact, use an additional page to record every contact with your mediator)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

If you need help, call 1-800-332-2667 to speak with an Ombudsman.

ALL PAPERS FROM THE MEDIATION ARE TO BE PLACED IN YOUR WORKERS'COMPENSATION CLAIM FILE.

Dispute Adjudication Information

Use this form to keep a record of your Benefit determination.

Workers' Compensation Judge's Name: _____

Court Clerk Deputy Name: _____

Court Clerk Deputy Phone Number: _____

Hearing Held on: _____

TN State File Number: _____

Teleconference Number: _____

Address to attend trial: _____

Address to attend approval: _____

Notes for Benefit Determination Hearing or Trial (after first Benefit Determination Hearing or Trial, use an additional page to record every event)

_____

_____

_____

_____

_____

_____

_____

_____

_____

If you need help, call 1-800-332-2667 to speak with an Ombudsman.

ALL PAPERS FROM THE DETERMINATION HEARING AND/OR TRIAL ARE TO BE PLACED IN YOUR WORKERS'COMPENSATION CLAIM FILE.

Attorney Information

If you should need an attorney to help you in a dispute with the employer or insurance company, use this form to keep a file on the progress of your case.

Attorney's Name: _____
Attorney's Legal Firm Name: _____
Attorney's Assistant's Name: _____
Contacted on: _____ (date.)
Attorney File Number: _____
Phone:_____
Fax:_____
Email:_____
Address:_____

Notes from contact with Attorney (after first visit, use an additional page to record every contact with your Attorney)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

If you need help, call 1-800-332-2667 to speak with an Ombudsman.

ALL PAPERS FROM THE ATTORNEY ARE TO BE PLACED IN YOUR WORKERS'COMPENSATION CLAIM FILE.

Record of Indemnity Benefits

This form is to help you keep a record of all your indemnity benefit payments. After 14 days of being out of work, you are entitled to benefit payment for the first 7 days you were not at work.

Date of Check	Check #	Date of Benefit from	Date of Benefit to	Amount
__/__/__	_____	_____	_____	$_____
__/__/__	_____	_____	_____	$_____
__/__/__	_____	_____	_____	$_____
__/__/__	_____	_____	_____	$_____
__/__/__	_____	_____	_____	$_____
__/__/__	_____	_____	_____	$_____
__/__/__	_____	_____	_____	$_____
__/__/__	_____	_____	_____	$_____
__/__/__	_____	_____	_____	$_____
__/__/__	_____	_____	_____	$_____
__/__/__	_____	_____	_____	$_____
__/__/__	_____	_____	_____	$_____

If you need help, call 1-800-332-2667 to speak with an Ombudsman.

ALL CHECK STUBS ARE TO BE PLACED IN YOUR WORKERS'COMPENSATION CLAIM FILE.

Temporary Total Disability Calculator

(Use this form to calculate your temporary total disability benefit)

As previously discussed in this handbook, if your authorized treating physician tells you that you cannot work because of the work injury, you may be entitled to a temporary total disability benefit or TTD.

Before you can calculate your temporary total disability benefit you will need a wage statement to calculate your compensation rate.

1. State Form C-41 Wage Statement. If your employer or insurance representative will not provide a copy of this form contact your ombudsman.
2. You can complete a blank copy of this form on your own by filling in your gross wages from your paycheck checks. You will only use the 52 weeks prior to your injury.
3. If you have been employed by your employer for less than 52 weeks, then only use the weeks you were employed prior to the injury.
4. If you only worked a very short period of time, to where it is not practicable for you to use your wages, you can use the wages of a co-worker who is a similar employee or another similar employee in your industry. (This is only used in rare circumstances and if this can be avoided, it will be.)

Compensation Rate Calculation

1. Add together all of your wages earned on the wage statement.
2. Divide the total by the number of weeks on the wage statement.
3. Your total provides your average weekly wage or AWW.
4. Multiply the AWW by 0.6667.
5. This is your compensation rate or CR.

_____ ÷	_____ =	_____	_____ x 0.6667 =	_____
Total Wages	Weeks	AWW	AWW	CR

Your TTD benefit is equal to your compensation rate, unless your compensation rate is below the State mandated minimum benefit or above the State mandated maximum benefit. See the chart on page ____. In this event, your TTD benefit is the minimum benefit or maximum benefit.

_____ is my TTD benefit.

If you have any questions about temporary total disability benefits, contact your ombudsman.

(Insert Max/Min TTD/ PPD Rate table here)

Temporary Partial Disability Calculator

(Use this form to calculate your temporary partial disability benefit)

Temporary Partial Disability (TPD) benefits may be owed under either of the following scenarios:

1. Your authorized treating physician assigned you light duty work restrictions and your employer is unwilling or unable to provide you work within those restrictions. In the scenario, your temporary partial disability is equal to the temporary total disability benefits.

2. Your authorized treating physician assigned you light duty work restrictions and your employer does have work within these restrictions, but you are making less money with restrictions than you were before you were injured as measured by your average weekly wage.

   In this scenario, your temporary partial disability benefit is calculated by determining the difference between what you are able to earn in your partially disability condition and your average weekly wage. The benefit is 2/3rds of that difference and is calculated on a weekly basis or as close to a weekly basis as possible.

_____ - _____ = _____
AWW current earnings Difference

_____ x 0.6667 = _____
Difference TPD Benefit

There are certain scenarios where you may feel that you are entitled to a benefit, but because of laws and court rulings, you may not be. If you have any questions about temporary partial disability benefits, contact your ombudsman.

Permanent Partial Disability Calculator

This form is to help you understand permanent partial disability benefits, what benefits you are eligible for, and how to calculate that benefit.

When you reach MMI and your physician opines you retain a permanent anatomical impairment, you may be entitled to a permanent partial disability benefit.

For injuries after July 1, 2014, there are two types of permanent partial disability benefits:

1. Initial permanent partial disability benefit
2. Additional permanent partial disability benefit

Initial Permanent Partial Disability Benefit

The Initial permanent partial disability benefit applies to all cases of permanent anatomical impairment. To calculate your standard benefit, multiply the following:

Impairment Rating assigned by the Doctor x 450 = Initial Benefit Period

Initial Benefit Period x Compensation Rate = Initial Permanent Partial Disability Benefit

Additional Permanent Partial Disability Benefit

An injured employee may be entitled to the additional permanent partial disability benefit if at the end of the number of weeks beyond MMI represented by the Initial Benefit Period, the employee has not returned to work with any employer or has returned to work and is receiving wages or a salary that is less than one hundred percent (100%) of the wages or salary the employee received from his pre-injury employer on the date of injury,

The additional permanent partial disability benefit is calculated by multiplying the standard permanent partial disability benefit by 1.35 and, if applicable, by the following factors:

(1) Education: One and forty-five one hundredths (1.45), if the employee lacks a high school diploma or general equivalency diploma;

(2) Age: One and two tenths (1.2), if the employee was more than forty (40) years of age at the time the period of compensation ends; and

(3) Unemployment rate: One and three tenths (1.3), if the unemployment rate, in the Tennessee county where the employee was employed by the employer on the date of the workers' compensation injury, was at least two (2) percentage points greater than the yearly average unemployment rate in Tennessee according to the yearly average unemployment rate compiled by the department for the year immediately prior to the expiration of the period of compensation.

Additional Permanent Partial Disability Benefit = Initial permanent partial disability benefit x 1.35 x 1.45(if applicable) x 1.2(if applicable) x 1.3(if applicable) – any initial permanent partial disability received previously.

Social Security Disability

If you are receiving Social Security Disability or Social Security Supplemental Income, your benefits from these Federal programs may be reduced by your receipt of Permanent Disability Benefits. For more information contact the Social Security Administration or your ombudsman.

Permanent Partial Disability Worksheet

Before you start, locate your impairment rating assigned by your doctor and your maximum medical improvement date. **If you need help, call the OMBUDSMAN at: 1-866-967-5667**

My Doctor said I have a _____ percent impairment to the whole person.

My Doctor said I reached Maximum Medical Improvement (MMI) on ____/____/_____.

Initial Benefit Period

My Impairment Rating multiplied by 450 = Initial Benefit Period

_____ x 450 = _____weeks
Impairment rating Initial Benefit Period

This is your Initial Benefit Period.

Initial Permanent Partial Disability Benefit

Initial Benefit Period x Compensation Rate = Initial Permanent Partial Disability Benefit

_____ x $_____ = $_____
Weeks of Initial Benefit Period compensation rate Initial Permanent Partial Disability

This is your Initial Permanent Partial Disability Benefit.

Additional Permanent Partial Disability Benefit.

Step 1 - Determine if you have reached the end of your initial benefit period.

Add the weeks of your Initial Benefit Period to your MMI date.
(It may be easier to reference a calendar.)

_____ + _____ = _____
Weeks MMI Date calendar date

This day marks the end of the Initial Benefit Period

At the end of the Initial Benefit Period were you unemployed or employed but receiving wages or a salary less than 100% of the wages or salary you were receiving from the pre-injury employer on the date of injury?

____ If Yes, you may be eligible for the Additional Permanent Partial Disability Benefit. *There are circumstances when this may not be true for everyone.

____If No, you may not be eligible for the Additional Permanent Partial Disability Benefit. *There are circumstances when this may not be true for everyone.

Step 2 - Multiply the Initial Permanent Partial Disability Benefit by 1.35

_____ x 1.35 = _____(A)
Initial Permanent Partial Disability Benefit

Step 3 - Multiply (A) by:

1.45 if you do not have GED or High School Diploma or
1.00 if you do have a GED or High School Diploma

_____(A) x 1.45 or 1.00 = _____(B)

Step 4 – Multiply (B) by:

1.20 if you were 40 years or older on the last day of the Initial Benefit Period or
1.00 if you were less than 40 year old on the last day of the Initial Benefit Period.

_____(B) x 1.20 or 1.00 = _____(C)

Step 5 – Multiply (C) by:

1.3 If the Tennessee county where the employee was employed by the employer on the date of injury has an unemployment rate that is 2 or more points higher than average yearly unemployment rate for the State of Tennessee or

1.0 If the Tennessee county where the employee was employed by the employer on the date of injury has less than 2 points higher than average yearly unemployment rate for the State of Tennessee.

_____(C) x 1.3 or 1.0 = _____(D) = _____(E)

Step 6 – Subtract the Initial Permanent Partial Disability Benefit, if you have already received it.

_____(E) - _____ = _____
Initial Permanent Partial Disability Benefit Additional Permanent Partial Disability Benefit

If you have not already received the Initial Permanent Partial Disability Benefit, then _____(E) is your permanent partial disability benefit.

If you need help, call 1-800-332-2667 to speak with an Ombudsman.

Do I Qualify for Additional Permanent Partial Disability Benefits

How

You may file a claim for Increase Permanent Partial Disability Benefits by filing a Petition for Benefit Determination with the Tennessee Bureau of Workers' Compensation within 1 year of the Standard Benefit Period. A Petition for Benefit Determination is included in this workbook. (See forms)

When

The law permits the parties to settle the issue of additional benefits at any time after the employee reaches maximum medical improvement. Any settlement or award of additional permanent partial disability benefits pursuant to this subdivision shall give the employer credit for prior permanent partial disability benefits paid to the employee for the subject injury.

If you wait more than 1 year after your Initial Benefit Period to file a Petition for Benefit Determination, you will lose your right to an Additional Permanent Partial Disability Benefit.

Why Am I Not Eligible for the Additional Permanent Partial Disability Benefit?

You are not eligible when:

1. You are employed with any employer at the end of your Standard Benefit Period at a wage or salary equal to or greater than 100% of your wage or salary on your date of injury.
2. You voluntarily resigned from your job or retire, unless your work related disability caused you to resign or retire.
3. Your loss of employment was due to your misconduct connected with your employment.
4. You remain employed but receive a reduction in salary, wages, or hours, and at least fifty percent (50%) of all hourly employees operating at your same workplace have the same reduction.
5. You are not authorized or eligible for employment within the United States under Federal Immigration Laws.

Permanent Total Disability Calculator

This form is to help you understand permanent total disability benefits, what benefits you are eligible for, and how to calculate that benefit.

A person unable to return to any job in the open market because they retain a permanent disability from a work-related injury may be entitled to Permanent Total Disability (PTD) benefits under the Workers' Compensation Law. This benefit pays you your compensation rate until you become eligible for full old age retirement benefits under the social security law or death, whichever occurs first. If you receive PTD benefits, this amount will be paid out over time, the law prohibits commuting the payments to a lump sum.

To determine the total value of a Permanent Total Disability Benefit you will need to the following information.

1. _____ Your Normal Retirement Age, NRA, as defined by the Social Security Administration. To determine your normal retirement age, go to: http://www.ssa.gov/retire2/agereduction.htm
2. _____ Your date of birth.
3. _____ Your MMI Date.
4. _____ Your Compensation Rate
5. _____ If you are currently on Social Security Old Age, your monthly benefit.

Step 1 – Determine your compensation rate

My compensation rate is _____.

If you are currently receiving Social Security Old Age Benefits based upon your lifetime earnings and not someone else's, then your compensation rate is reduced by your Social Security Benefit.

To determine the extent of your compensation rate reduction, use the following formula:

_____ x 12 = _____ _____ ÷ 52 = _____
Monthly Benefit yearly benefit yearly benefit weekly benefit

_____ ÷ 2 = _____
Weekly benefit amount of compensation reduction

_____ - _____ = _____
Compensation rate amount of reduction reduced compensation rate

Step 2 – Determine the number of years between your date of injury and your normal retirement age.

_____ + _____ = _____
Normal Retirement Age Date of Birth Date you are eligible for full Social Security Old Age Benefit

_____ - _____ = _____

Date eligible for full Social Security Old Age Benefit Date of Injury # of years between DOI and NRA

-If your number of years between DOI and NRA is greater than 5, go to Step 3.
-If your number of years between DOI and NRA is less than 5, the law entitles you weekly payments until either: 260 weeks have passed after MMI or upon your death, whichever occurs first.

_____ x 260 = _____

Compensation Rate or Reduced Compensation Rate if applicable Total Value of PTD * See Disclaimer on Page 51

The rest of this form only applies to claims where the number of years between the date of injury and the date you are eligible for full Social Security Old Age Benefit is greater than 5 years.

Step 3 – Determine the number of years between your MMI date and the date you are eligible for the full social security old age benefit

_____ - _____ = _____yrs _____months _____days

Date eligible for full Social Security Old Age Benefit MMI Date Eligible PTD Period

Step 4 – Determine the number of weeks represented by the Eligible PTD Period.

A. This is not a simple calculation and must utilize a calendar as some years and months have a different number of days.

For Example:

_5/16/2019_____ - __1/3/2014_ = _5____yrs __4___months __13___days

Date eligible for full Social Security Old Age Benefit MMI Date Eligible PTD Period

These 5 years include a leap year (2016) 365 days per year x 5 years + 1 day = 1,826 days

These 4 months include Jan (31 days) Feb (28 days) Mar (31 days) Apr (30 days) = 120 days

B. Determine the sum of all days 1826 + 120 + 13 = 1,959 days
C. Divide the number of days 1959 by 7 = 279.86 weeks

Use this section for your calculation

_____ - _____ = _____yrs _____months _____days

Date eligible for full Social Security Old Age Benefit MMI Date Eligible PTD Period

These ___ years include ___ leap years

365 days per year x ____ years + ___ leap days = ____ days

These ___ months include:

___ (___ days), ___ (___ days), ___ (___ days), ___ (___ days), ___ (___ days), ____ (___ days),

___ (___ days), ___ (___ days), ___ (___ days), ___ (___ days), ___ (___ days), = _____ days

A. Determine the sum of all days _____+ _____ + _____= _____days

B. Divide the number of days _____by 7 = _____weeks

The total future value of your PTD benefit is:

_____ x _____ = _____

Compensation rate Weeks Total PTD Benefit *See disclaimer below.

Disclaimer:

This is a representation of the total value of the PTD payments you will receive for the subject injury. You will not receive a single lump payment in this amount.

The law provides for a lump sum payment of PTD benefits of 100 weeks for the payment of litigation expenses and to pay pre-injury obligations in arrears.

After the payment of the lump sum, your compensation rate will be reduced to distribute the lump sum value over the life of your PTD award.

_____ - _____ = _____

Total PTD Value of 100 weeks Net PPD

_____ ÷ _____ = _____

Net PPD Weeks of benefits Weekly payment after Lump Sum

If you are receiving Social Security Disability or Social Security Supplemental Income, your benefits from these Federal programs may be reduced by your receipt of Permanent Disability Benefits. For more information, contact the Social Security Administration or your ombudsman.

TENNESSEE BUREAU OF WORKERS' COMPENSATION FORMS

A complete list of forms may be found at
http://www.tn.gov/workforce/topic/all-wc-forms

Frequently Used Forms - Attached

Petition for Benefit Determination .....Page 59

Dispute Certification Notice .....Page 64

Request for Expedited Hearing .....Page 66

Affidavit Template ..... Page 68

Request for Initial/Scheduling Hearing .....Page 70

Compensation Hearing Notice of Appeal .....Page 72

Expedited Hearing Notice of Appeal .....Page 74

Medical Record Certification .....Page 76

Filed Date Stamp Here

For BWC Use Only

Docket No. _____

State File No. _____

RFA No. _____

Date of Injury: _____

Prior PBD Filed: ☐ Yes ☐ No

Assigned Judge: _____

PETITION FOR BENEFIT DETERMINATION
Tennessee Bureau of Workers' Compensation
Court of Workers' Compensation Claims
www.tn.gov/workforce/section/injuries-at-work
wc.ombudsman@tn.gov
1-800-332-2667

Applies to injuries on or after July 1, 2014

General Information

The Petition for Benefit Determination (PBD) is the form to file with the Bureau of Workers' Compensation to begin to resolve disputes. The legal process for a workers' compensation claim begins with this filing. This form will serve as the basis for your claim. It is important that the form be filled out as completely and accurately as possible. For assistance with completing this form, please call: 1-800-332-2667.

Completion of this Form

Because this form outlines your claim, certain information is required. This is generally the who, what, when, where, why, and how of your case. You may not be able to fill in every blank. Do the best you can. However, remember that the more information provided the better. For assistance filling out this form you may view a **Completed PBD Example.**

Time-Sensitive

In most cases, this form must be filed within one (1) year after the accident resulting in injury; one (1) year from the last authorized medical treatment; or one (1) year from the time the employer ceased to make payments of compensation to or on behalf of the employee, whichever is later. If you fail to timely file this form, you may be denied benefits.

Section A: Identify the people and the companies involved.

Employee Name _____ Date of Injury_____

SSN _____ Date of Birth _____

Mailing Address _____

City _____ State _____ ZIP _____ County _____

Phone _____ Email _____

Employee Attorney _____BPR # _____

Address _____ City _____ State____ ZIP _____

Phone _____ Fax _____ Email _____

Office Contact Person_____ Email _____

Employer(s)_____ Phone _____

Mailing Address _____

City _____ State _____ ZIP _____ County _____

Employer Contact Person_____ Email _____

Employer Attorney _____ BPR # _____

Address _____ City _____ State____ ZIP _____

Phone _____ Fax _____ Email _____

Office Contact Person_____ Email _____

Insurance Company: _____

Third Party Administrator: _____

Ins. Adjuster Name _____Email _____

Mailing Address _____ City _____ State _____ ZIP _____

Phone _____ Fax _____ Ins. Claim#_____

The Second Injury Fund (SIF) provides benefits to employees who have a prior permanent physical disability and who become permanently and totally disabled by a later work injury. To preserve a claim against the SIF, Employee <u>must</u> fax this form to 615-741-4169 or mail it to: Legal Services Director, Legal Section, 220 French Landing Drive, 3B, Nashville, TN 37243.

Is the Employee seeking recovery from the Second Injury Fund? ☐YES ☐NO ☐Unknown

SIF Attorney Name (If known): _____ ☐Unknown

Section B: Identify the problem you are having with the workers' compensation claim.

I, _____, have the following problem: (Attach additional sheets if necessary.)
Insert name.

_____

_____

_____

_____

Section C: Provide details about the work injury.

THE DATE OF INJURY IS _____.

Tell us about the injury; include how and where the injury occurred, the body part(s) injured, and the work that was being done. Include the names of all persons involved or who witnessed the accident. Be as specific as possible. Also, please attach any documents you have, such as accident reports or medical records, which support your claim. The alleged injury occurred in the following manner: (Attach additional sheets if necessary.)

_____

_____

_____

_____

Employee reported the injury to_____ on _____.
Insert Name. Insert Date.

Section D: Identify the workers' compensation issues that apply to the claim. (Select all that apply.)

Medical Benefits

- ☐ Employee received a list of physicians on _____ (Date) and selected _____ (Insert Doctor or Clinic Name.).
- ☐ Employee has not received a list of physicians.
- ☐ Employee has not received medical care from Employer or the insurance company.
- ☐ Employee has not received medical care as required by a court order. (Provide court order.)
- ☐ Employee has been denied medical care after receiving it. (Provide relevant medical records.)
- ☐ Employee has not received medical care ordered by the doctor. (Provide relevant medical records.)
- ☐ Employee sought medical care from a physician who was not on the list provided by employer. (Provide relevant medical records and bills.)

Temporary Disability Benefits **[Provide wage statement or check stubs if you have them.]**

- ☐ Doctor _____ (Insert name.) took employee off work and/or assigned restrictions of:

_____

- ☐ Employee has missed the following days from work due to the injury:

_____

- ☐ Employee has not been paid for missing work and/or believes he/she is owed more than received.
- ☐ Employee has been paid while missing work at the rate of $_____ per week.

Death Benefits

- ☐ The claim has been accepted.
- ☐ There is a dependent spouse.
- ☐ There are _____ (Number) dependent children.
- ☐ The claim was denied.
- ☐ There are other dependents other than children.
- ☐ A guardian ad litem needs to be appointed.

Discovery (If a PBD is already on file, it is not necessary to file another PBD for discovery.)

- ☐ A subpoena is needed. (Include completed subpoena.)
- ☐ Interrogatories have not been returned. (Include interrogatories.)
- ☐ Other _____

Permanent Disability Benefits [**Provide Final Medical Report (C30A) or most recent Physician's Report, if available.**]

- ☐ Parties do not agree on the amount of the disability benefit.
- ☐ Employee is eligible for increased benefits because Employee did not return to work.
- ☐ Employee reached maximum medical improvement on _____.
- ☐ Dr. _____ assigned an impairment rating of _____% to the body as a whole.
- ☐ Dr. _____ assigned an impairment rating of _____% to the body as a whole.
- ☐ Dr. _____ assigned permanent restrictions of: _____

_____

Section E: Indicate Your Mediation Preferences:

Before a dispute can be brought before a judge, the matter must go through mediation. Mediation is a process in which a mediator working for the state, without a stake in the outcome, works with the parties to resolve the dispute on a voluntary basis, otherwise known as settling the dispute. Most disputes are settled without going before a judge.

☐ I prefer to mediate over the phone. **(If marked, skip to Section F.)**

☐ I prefer to mediate in person. Was this Court-ordered? ☐ Yes ☐ No

In-Person mediations must be scheduled with agreement between the employee and the employer's representative. Please contact all parties and indicate the three (3) agreed upon dates and times below. Please circle desired time slot.

_____	_____	_____
9:00 am or 1:00 pm	9:00 am or 1:00 pm	9:00 am or 1:00 pm

☐ By checking this box, I certify that the above dates and times have been agreed upon by all parties.
☐ I have made three (3) attempts to schedule mediation; however, the other party has not cooperated.

Section F: Notice

A copy of this form **must** be provided to the parties or their attorney. Indicate how you sent them a copy of this form. Service sent to: means the address, fax number, email address or company.

☐ **Employee**_____
Service by: ☐ By Hand ☐ Mail ☐ Facsimile ☐ Email
Service Sent to: _____

☐ **Employer(s)**_____
Service by: ☐ By Hand ☐ Mail ☐ Facsimile ☐ Email
Service Sent to: _____

☐ **Employee's Atty**_____
Service by: ☐ By Hand ☐ Mail ☐ Facsimile ☐ Email
Service Sent to: _____

☐ **Employer(s)' Atty(s)**_____
Service by: ☐ By Hand ☐ Mail ☐ Facsimile ☐ Email
Service Sent to: _____

☐ **Carrier(s)**__ _____
Service by: ☐ By Hand ☐ Mail ☐ Facsimile ☐ Email
Service Sent to: _____

☐ **SIF's Atty** _____
Service by: ☐ By Hand ☐ Mail ☐ Facsimile ☐ Email
Service Sent to: _____

Section G: Certify the information contained in the Petition for Benefit Determination is correct.

I, _____, state that the information provided in this Petition for Benefit Determination is true and accurate to the best of my knowledge, information, and belief. Further, I certify a copy of the Petition for Benefit Determination has been sent to the parties as described above.

_____	_____	_____
Print Name	**Signature**	**Date**

For more information about workers' compensation benefits or how to complete this form, please visit our website at http://www.tn.gov/workforce/section/injuries-at-work or call 1-800-332-2667.

Please return the completed form to the office in the region of the Employee's home address per the map below.

Chattanooga
TN Bureau of Workers' Compensation
1301 Riverfront Pkwy., Ste. 202
Chattanooga, TN 37402
Fax: 423-634-3115
Email: wc.ombudsman@tn.gov

Cookeville
TN Bureau of Workers' Compensation
444 – A Neal Street
Cookeville, TN 38501-027
Fax: 931-520-4316
Email: wc.ombudsman@tn.gov

Knoxville
TN Bureau of Workers' Compensation
520 Summit Hill, Ste. 103
Knoxville, TN 37902
Fax: 865-594-5172
Email: wc.ombudsman@tn.gov

Jackson
TN Bureau of Workers' Compensation
225 Dr. Martin L. King Jr. Dr.
1st Floor, Suite 120, Box 16
Jackson, TN 38301-6920
Fax: 731-265-7022
Email: wc.ombudsman@tn.gov

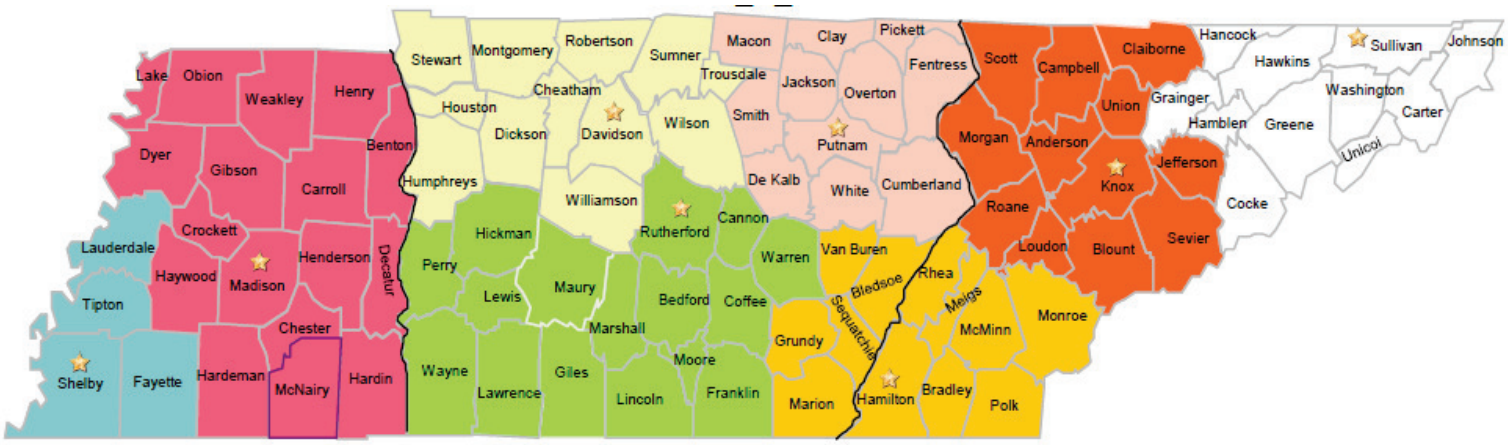
Workers' Comp Court Clerk
TN Bureau of Workers' Compensation
220 French Landing Drive, 1-B
Nashville, TN 37243-1002
Fax: 615-253-2480
Email: wc.ombudsman@tn.gov

Memphis
TN Bureau of Workers' Compensation
One Commerce Square
40 South Main St., Ste. 500
Memphis, TN 38103-1820
Fax: 901-543-6039
Email: wc.ombudsman@tn.gov

Murfreesboro
TN Bureau of Workers' Compensation
845 Esther Lane
Murfreesboro, TN 37129-5537
Fax: 615-217-9378
Email: wc.ombudsman@tn.gov

Kingsport
TN Bureau of Workers' Compensation
1908 Bowater Drive
Kingsport, TN 37660-4136
Fax: 423-224-2056
Email: wc.ombudsman@tn.gov

Nashville
TN Bureau of Workers' Compensation
220 French Landing Drive, 1-B
Nashville, TN 37243-1002
Fax: 615-253-1223
Email: wc.ombudsman@tn.gov



Filed Date Stamp Here

DISPUTE CERTIFICATION NOTICE

Bureau of Workers' Compensation
Court of Workers' Compensation Claims
www.tn.gov/workforce/section/injuries-at-work
wc.courtclerk@tn.gov
800-332-2667

Docket No._____

State File No./YR_____/ _____

RFA No._____

Date of Injury: _____

This DISPUTE CERTIFICATION NOTICE is being issued due to an unresolved:

☐ Mediation regarding temporary disability and/or medical benefits
☐ Mediation regarding permanent disability and/or medical benefits

Employee Name: _____

Employer(s) Name(s): _____

Carrier(s) Name(s): _____

Second Injury Fund Attorney: _____

Body Part(s) Injured: _____

WAGE INFORMATION

☐ The parties agreed that the Employee's average weekly wage is $_____ and the compensation rate is $_____ per week.

☐ The parties do not agree as to the Employee's average weekly wage or worker's compensation rate per week.

MEDICAL RECORDS

The parties: ☐ Have exchanged medical records ☐ Have not exchanged medical records

☐ Have exchanged medical records and agreed to their admissibility in future hearings

☐ There are no medical records to exchange

DISPUTED ISSUES

Issues in dispute (check all that apply):

☐ Jurisdiction
☐ Compensability
☐ Medical Benefits
☐ Temporary Disability Benefits
☐ Permanent Disability Benefits
☐ Other (please use additional sheets)

Number of sheets? _____

DEFENSES

List all defenses asserted by Employer (please specify and use additional sheets if necessary)

_____

_____

_____

☐ Additional sheets detailing defenses are attached. Number of sheets? _____

_____
Mediator's Signature Date

_____
Print Mediator's Name

INCLUSION OF ADDITIONAL ISSUES

☐ None of the parties submitted a list of additional issues for inclusion in this dispute certification notice after a copy of the notice was provided to the parties.

☐ A party submitted a list of additional issues for inclusion in this dispute certification notice after a copy of the notice was provided to the parties (if this box is checked a copy of the list(s) must be attached to this document. Also, the following information must be provided for each party that submitted a list of additional issues).

Name of Party:_____ Name of Party:_____

Date List Received by Mediator:_____ Date List Received by Mediator:_____

Number of Pages Submitted:_____ Number of Pages Submitted:_____

Name of Party:_____ Name of Party:_____

Date List Received by Mediator:_____ Date List Received by Mediator:_____

Number of Pages Submitted:_____ Number of Pages Submitted:_____

CERTIFICATION BY MEDIATOR

By the inclusion of my signature below, I, the mediator in this matter, hereby affirm that the contents of this dispute certification notice are complete and accurate, that the parties agree to the inclusion of the foregoing documents, to the best of my knowledge, information and belief, and that this dispute certification notice contains_____ pages which includes the following:

☐ Petition for Benefit Determination
☐ Position Statements
☐ Wage Statement
☐ Medical Records
☐ List(s) of Additional Issues
☐ List(s) of Defenses Raised
☐ Affidavits
☐ Depositions
☐ State Forms
☐ Personnel Records
☐ Stipulations of the Parties
☐ Other _____
_____
_____

And further certify that a true and correct copy of this dispute certification notice with the above checked attachments was filed with the clerk and a true and correct copy was forwarded to the parties on this the _____day of _____, 20_____.

The documents listed above and attached to the Dispute Certification Notice will not be considered by the Court unless properly introduced into evidence during a hearing before the Court. The Tennessee Rules of Civil Procedure and Tennessee Rules of Evidence apply to all hearings before the Court.

☐**Employee**_____
Service by: ☐Hand-Delivery ☐Mail ☐ Facsimile ☐Email
Service Sent to: _____

☐**Employer(s)**_____
Service by: ☐Hand-Delivery ☐Mail ☐ Facsimile ☐Email
Service Sent to: _____

☐**Employee's Attorney**_____
Service by: ☐Hand-Delivery ☐Mail ☐ Facsimile ☐Email
Service Sent to: _____

☐**Employer(s) Attorney(s)**_____
Service by: ☐Hand-Delivery ☐Mail ☐ Facsimile ☐Email
Service Sent to: _____

☐**Carrier(s)**_____
Service by: ☐Hand-Delivery ☐Mail ☐ Facsimile ☐Email
Service Sent to: _____

☐**Second Injury Fund's Attorney**_____ _____
Service by: ☐Hand-Delivery ☐Mail ☐ Facsimile ☐Email
Service Sent to: _____

_____
Mediator's Signature Date

_____
Print Mediator's Name

TENNESSEE BUREAU OF WORKERS' COMPENSATION
IN THE COURT OF WORKERS' COMPENSATION CLAIMS
AT _____

_____,	)	**Docket No.: _____**
Employee,	)	
v.	)	
_____,	)	**State File No.: _____**
Employer,	)	
And	)	
_____,	)	**Judge: _____**
Insurance Carrier,	)	
And	)	
Second Injury Fund (if applicable).		

REQUEST FOR EXPEDITED HEARING

Pursuant to Rule 0800-02-21.14, the undersigned party or attorney requests an Expedited Hearing regarding the provision of temporary disability and/or medical benefits and asks that the following occur (choose one):

☐ The undersigned party asks that the assigned Judge issue a decision on the record, instead of convening an evidentiary hearing.

☐ The undersigned party asks that the assigned Judge convene an evidentiary hearing so that testimony/evidence may be presented.**

PLEASE NOTE: Pursuant to Rule 0800-02-21-.14, a Request for Expedited Hearing must be accompanied by an affidavit containing a plain and concise statement of the facts upon which the request is based and any other documents demonstrating the party is entitled to the requested relief. The hearings will be conducted in accordance with the Tennessee Rules of Evidence and Rules of Civil Procedure. *See* Tenn. Code Ann. § 50-6-239 (c)(1).

**Evidentiary hearings will convene in the courtroom at the local office of the presiding workers' compensation judge. Any party seeking permission to attend a hearing by telephone or present witness testimony by telephone must file a motion in accordance with Rule 0800-02-21-.14.

If an evidentiary hearing is requested, provide four different agreed-upon dates and specific times all parties are available to appear for an evidentiary hearing.

_____	_____	_____	_____
1st Date & Time	2nd Date & Time	3rd Date & Time	4th Date & Time

Time zones provided are: ☐Central Time ☐ Eastern Time

IDENTIFY WITNESSES

List any witnesses you may call to testify at the hearing in this matter, include each witness' address and telephone number, and state whether the witness will appear live, by deposition, or by affidavit:

_____ ☐ Live ☐ Deposition ☐ Affidavit
Name Telephone Number

_____
Address

_____ ☐ Live ☐ Deposition ☐ Affidavit
Name Telephone Number

_____
Address

CERTIFICATE OF SERVICE

A copy of this form **must** be provided to the parties or their attorney. Indicate how you sent them a copy of this form. "Service sent to" means the address, fax number, email address or company.

☐**Employee**_____
Service by: ☐By Hand ☐Mail ☐ Facsimile ☐Email
Service Sent to: _____

☐**Employer(s)**_____
Service by: ☐By Hand ☐Mail ☐ Facsimile ☐Email
Service Sent to: _____

☐**Employee's Atty**_____
Service by: ☐By Hand ☐Mail ☐ Facsimile ☐Email
Service Sent to: _____

☐**Employer(s)' Atty(s)**_____
Service by: ☐By Hand ☐Mail ☐ Facsimile ☐Email
Service Sent to: _____

☐**Carrier(s)**_____
Service by: ☐By Hand ☐Mail ☐ Facsimile ☐Email
Service Sent to: _____

☐**SIF's Atty** ___ _____
Service by: ☐By Hand ☐Mail ☐ Facsimile ☐Email
Service Sent to: _WC.SIFLegal@tn.gov_____

I, _____, state that the information provided in this Request for Expedited Hearing is true and accurate to the best of my knowledge, information, and belief. Further, I certify a copy of the Request for Expedited Hearing has been sent to the parties as described above.

_____ _____
Print Name **Signature** **Date**

Please file with Court Clerk
220 French Landing Drive, 1st Floor
Nashville, TN 37243-1002
wc.courtclerk@tn.gov
Fax: 615-253-2480
1-800-332-2667
www.tn.gov/workforce/section/injuries-at-work

TENNESSEE BUREAU OF WORKERS' COMPENSATION
IN THE COURT OF WORKERS' COMPENSATION CLAIMS
AT _____

_____,	)	**Docket No.: _____**
Employee,	)	
	)	
v.	)	
_____,	)	**State File No.: _____**
Employer,	)	
	)	
and	)	
_____,	)	
Insurance Carrier.	)	
	)	

REQUEST FOR SCHEDULING HEARING

Pursuant to Rule 0800-02-21.13 of the Tennessee Compilation Rules and Regulations, the undersigned party or representative hereby requests a Scheduling Hearing for the purpose of developing a discovery plan and issuing a Scheduling Order.

Please provide four (4) different agreed-upon dates and specific times the parties are available to participate in a Judicial Conference within thirty calendar days from the date this Request is filed with the Court Clerk.

_____	_____	_____	_____
1st Date & Time	2nd Date & Time	3rd Date & Time	4th Date & Time

Time zones provided are: ☐Central Time ☐ Eastern Time

CERTIFICATE OF SERVICE

A copy of this form **must** be provided to the parties or their attorney. Indicate how you sent them a copy of this form. Service sent to: means the address, fax number, email address or company.

☐**Employee**_____
Service by: ☐By Hand ☐Mail ☐ Facsimile ☐Email
Service Sent to: _____

☐**Employer(s)**_____
Service by: ☐By Hand ☐Mail ☐ Facsimile ☐Email
Service Sent to: _____

☐**Employee's Atty**_____
Service by: ☐By Hand ☐Mail ☐ Facsimile ☐Email
Service Sent to: _____

☐**Employer(s)' Atty(s)**_____
Service by: ☐By Hand ☐Mail ☐ Facsimile ☐Email
Service Sent to: _____

☐**Carrier(s)**_____
Service by: ☐By Hand ☐Mail ☐ Facsimile ☐Email
Service Sent to: _____

☐**SIF's Atty** _____
Service by: ☐By Hand ☐Mail ☐ Facsimile ☐Email
Service Sent to: _____

I, _____, state that the information provided in this Request for Scheduling Hearing is true and accurate to the best of my knowledge, information, and belief. Further, I certify a copy of the Request for Scheduling Hearing has been sent to the parties as described above.

_____ _____

Print Name **Signature** **Date**

Please file with Court Clerk
220 French Landing Drive, 1st Floor
Nashville, TN 37243-1002
wc.courtclerk@tn.gov
Fax: 615-253-2480
1-800-332-2667
www.tn.gov/workforce/section/injuries-at-work

Filed Date Stamp Here

COMPENSATION HEARING NOTICE OF APPEAL

Tennessee Division of Workers' Compensation
www.tn.gov/labor-wfd/wcomp.shtml
wc.courtclerk@tn.gov
1-800-332-2667

Docket #: _____

State File #/YR: _____

RFA #: _____

Date of Injury: _____

SSN: _____

_____

Employee

_____

Employer and Carrier

Notice

Notice is given that _____

[List name(s) of all appealing party(ies) on separate sheet if necessary]

appeals the order(s) of the Court of Workers' Compensation Claims at _____

_____to the Workers' Compensation Appeals Board.

[List the date(s) the order(s) was filed in the court clerk's office]

Judge_____

Statement of the Issues

Provide a short and plain statement of the issues on appeal or basis for relief on appeal:

_____

_____

_____

List of Parties

Appellant (Requesting Party):_____At Hearing: ☐Employer ☐Employee

Address:_____

Party's Phone:_____Email:_____

Attorney's Name:_____ BPR#: _____

Attorney's Address:_____ Phone: _____

Attorney's City, State & Zip code:_____

Attorney's Email:_____

**** Attach an additional sheet for each additional Appellant ****

Employee Name: _____ SF#: _____ DOI: _____

Appellee(s)

Appellee (Opposing Party):_____At Hearing: ☐Employer ☐Employee

Appellee's Address: _____

Appellee's Phone:_____Email:_____

Attorney's Name:_____ BPR#: _____

Attorney's Address:_____ Phone: _____

Attorney's City, State & Zip code: _____

Attorney's Email:_____

**** Attach an additional sheet for each additional Appellee ****

CERTIFICATE OF SERVICE

I,_____, certify that I have forwarded a true and exact copy of this Compensation Hearing Notice of Appeal by First Class, United States Mail, postage prepaid, to all parties and/or their attorneys in this case in accordance with Rule 0800-02-22.01(2) of the Tennessee Rules of Board of Workers' Compensation Appeals on this the_____day of_____, 20__.

[Signature of appellant or attorney for appellant] _____

Attention: This form should only be used when filing an appeal to the Workers' Compensation Appeals Board. If you wish to appeal a case to the Tennessee Supreme Court, please utilize the form provided by the Court which can be found on their website at the following address:
http://www.tncourts.gov/sites/default/files/docs/notice_of_appeal_-_civil_or_criminal.pdf

Filed Date Stamp Here

EXPEDITED HEARING NOTICE OF APPEAL

Tennessee Division of Workers' Compensation
www.tn.gov/labor-wfd/wcomp.shtml
wc.courtclerk@tn.gov
1-800-332-2667

Docket #: _____

State File #/YR: _____

RFA #: _____

Date of Injury: _____

SSN: _____

_____

Employee

_____

Employer and Carrier

Notice

Notice is given that _____

[List name(s) of all appealing party(ies) on separate sheet if necessary]

appeals the order(s) of the Court of Workers' Compensation Claims at _____

_____to the Workers' Compensation Appeals Board.

[List the date(s) the order(s) was filed in the court clerk's office]

Judge_____

Statement of the Issues

Provide a short and plain statement of the issues on appeal or basis for relief on appeal:

_____

_____

_____

Additional Information

Type of Case [Check the most appropriate item]

- ☐ Temporary disability benefits
- ☐ Medical benefits for current injury
- ☐ Medical benefits under prior order issued by the Court

List of Parties

Appellant (Requesting Party):_____At Hearing: ☐Employer ☐Employee

Address:_____

Party's Phone:_____Email:_____

Attorney's Name:_____ BPR#: _____

Attorney's Address:_____ Phone: _____

Attorney's City, State & Zip code:_____

Attorney's Email:_____

**** Attach an additional sheet for each additional Appellant ****

Employee Name: _____ SF#: _____ DOI: _____

Appellee(s)

Appellee (Opposing Party):_____At Hearing: ☐Employer ☐Employee

Appellee's Address: _____

Appellee's Phone:_____Email:_____

Attorney's Name:_____ BPR#: _____

Attorney's Address:_____ Phone: _____

Attorney's City, State & Zip code: _____

Attorney's Email:_____

**** Attach an additional sheet for each additional Appellee ****

CERTIFICATE OF SERVICE

I,_____, certify that I have forwarded a true and exact copy of this Expedited Hearing Notice of Appeal by First Class, United States Mail, postage prepaid, to all parties and/or their attorneys in this case in accordance with Rule 0800-02-22.01(2) of the Tennessee Rules of Board of Workers' Compensation Appeals on this the_____day of_____, 20__.

[Signature of appellant or attorney for appellant] _____

Tennessee Bureau of Workers' Compensation
220 French Landing Drive, I-B
Nashville, TN 37243-1002
800-332-2667

PHYSICIAN CERTIFICATION FORM

Pursuant to T.C.A. § 50-6-242 (a)(2)(B)
This form is only to be used for injuries occurring on/after July 1, 2014.

Patient Name: _____ DOB _____

State File # _____ Date of Injury _____ Date of MMI _____

I, the undersigned, hereby certify that due to permanent restrictions on activity the employee has suffered as a result of the injury the above-named employee no longer has the ability to perform the employee's pre-injury occupation.

_____

Physician Printed Name Physician Signature Date

_____

Medical License Number Issuing State